

BUCKINGHAMSHIRE COUNTY COUNCIL



ANNUAL REPORT

of the

Medical Officer of Health

for the Year

1950

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MR. CHAIRMAN, LADIES AND GENTLEMEN,

It is pleasant, in presenting this, the Annual Report for 1950, to be able to say that it has been a year of quiet progress and there has been a steady, if unremarkable, improvement in the services during the year. Where comment seems to be necessary it is made in the body of this report.

Medical Officers of Health have been criticised at various times as being extravagant administrators, but I suppose administrative heads of all services must necessarily lay themselves open to this sort of comment at times; and of course since most of the criticism is *post hoc* it is easy for the critics to be wise. Again, many administrators can measure their achievements in material products, but the achievements of a public health department are to some extent intangible and in any case health cannot usually be estimated in terms of money or other expenditure. Once in a while, however, it is possible to take stock of a particular health service and to show that even in terms of money the public get a good return for the money expended.

These reflections have been partially inspired by a paragraph in the report of the County Chest Consultant. "It was in the late autumn of 1946 that the members of the new tuberculosis team were appointed in the County, and at first it appeared as if their activities had little result other than that of additional expense, but now the Council's policy and the team's patient labour in the field seem to be bearing a rewarding harvest." The "rewarding harvest" is a decline in the tuberculosis mortality of 40 per cent. This must represent a considerable gain to the county since deaths from tuberculosis occur mainly amongst those in the prime of their working life, and if, as we may reasonably infer, there is a concurrent increase in the number of men and women who, having contracted the disease, are enabled to return to work, there will be an increase in productivity by reason of the fact that these people become workers instead of a liability to the community.

This theme could be expanded in relation to many public health services but one more example will suffice. In the past five years there have been only 3 deaths from diphtheria in the county and when we compare this with 49 deaths for the five years 1931-35 it appears quite remarkable. The years previous to 1935 are quoted since diphtheria immunisation was started in this county on an appreciable scale about that time. The gain to the community here is considerable since many of these deaths occurred among children who would soon reach the age when they would be an asset rather than a liability to the community. But this is not the whole gain as many beds in fever hospitals were occupied by patients suffering from diphtheria. It was in fact not unusual to have more than 30 beds so occupied at a given time, whereas there are now perhaps one or two only. What a saving in actual money with a hospital bed costing in the region of £15 a week! It must also be remembered that some of these patients became chronic invalids or suffered permanent injury to their health.

I think it can be agreed that without taking other gains into consideration, there is a considerable saving in expenditure to set against the cost of immunisation.

I have given a good deal of thought to our system of area administration during the year since it has become evident that it costs more than central administration from the County Offices. We have, in the three years that have elapsed since the pattern of the new health services became evident, taken considerable pains to evolve a system which allows area committees and their officers considerable freedom but does not encourage the building up of area staffs and officers. Our system is designed to enable the Health Committee to have the benefit of local advice from county and district councillors on matters which are largely personal and local, e.g., district nursing, maternity and child welfare, and this I believe it does.

I have, however, discovered another unexpected merit in this system, namely, that it encourages a definite team spirit between the members of the Committees and the officers. With a purely county administration the committee members are remote from the rank and file of the service who may in some cases be inclined to regard them as their natural enemies. Area administration, at least in Buckinghamshire, remedies this situation and members and officers confer at all levels outside committee. This development I regard as particularly helpful in a service such as ours which, to be effective, depends almost entirely on good personal relationships.

This brings me to the point of saying once again that, to us, people are more important than things. We cannot in this county point to much in the way of material spectacle. Our welfare centres, our ambulance stations, our sub-offices are nothing to be proud of in the material sense, we should like to see them improved, but they do serve their purpose by reason of the fact that the right persons are working in them. The Health Committee has always taken great pains over appointments, particularly to new posts, and I am sure that this policy is right. Where there are only limited sums of money available, it is of prime importance to ensure that employees of the Committee are of the calibre to make the best use of the resources at their disposal.

My thanks are due to all members of the Health Committee and its sub-committees for the time and energy they have devoted to our work during the year. To the field workers without whom little could be achieved and to the office staffs who really do "grease the wheels" for them.

I have the honour to be,

Your obedient servant,

G. W. H. TOWNSEND,

County Medical Officer.

PUBLIC HEALTH OFFICERS OF THE AUTHORITY.

(a) Whole-time Officers of the County Council:—

County Medical Officer of Health:

G. W. H. TOWNSEND, B.A., M.B., B.CH., D.P.H.

Deputy:

L. J. BACON, M.A., M.D., B.CH., D.P.H.

Senior Assistant for Maternity and Child Welfare:

HILDA M. DAVIS, M.D., CH.B., D.P.H.

Assistants:

W. L. BELL, M.R.C.S. (ENG.), L.R.C.P. (LON.), D.P.H.

(Also Medical Officer of Health Urban District of Eton and Rural District of Eton).

M. A. CHARRETT, M.R.C.S., L.R.C.P., D.P.H. (app. 11.4.50).

(Also Medical Officer of Health Borough of Slough).

F. H. M. DUMMER, M.B., CH.B., D.P.H.

(Also Medical Officer of Health Urban District of Marlow and Rural District of Wycombe).

PATRICIA M. ELLIOTT, M.D., B.S. (LON.), D.OBST., R.C.O.G., D.P.H.

T. P. EVANS, M.R.C.S., L.R.C.P., D.P.H.

(Also Medical Officer of Health Urban Districts of Beaconsfield and Chesham, and Rural District of Amersham).

EMILY M. FRAZER, M.B., B.S., D.C.H. (commenced 13.11.50).

MARY C. IM THURN, M.R.C.S., L.R.C.P., D.P.H. (part-time).

A. J. MUIR, M.B., CH.B., B.HY., D.P.H.

(Also Medical Officer of Health Borough of High Wycombe).

MARGARET PERRY, M.B., B.CH., D.P.H. (Res. 31.8.50).

A. W. PRINGLE, B.A., M.B., B.CH., B.A.O., D.P.H.

J. C. RONALDSON, M.B., CH.B., D.P.H.

J. T. C. SIMS-ROBERTS, M.B., CH.B., D.P.H. (BARRISTER-AT-LAW)

(Also Medical Officer of Health Borough of Aylesbury and Rural Districts of Aylesbury and Winslow).

MARY G. TATE, M.D., B.S., D.C.H. (commenced 18.9.50).

D. H. WALDRON, M.D., B.CH., B.A.O., D.P.H.

(Also Medical Officer of Health Borough of Buckingham, Urban Districts of Bletchley and Linslade, and Rural District of Buckingham).

County Assistance Officer: R. A. HOGARTH.

Senior Dental Surgeon:

E. KEW, L.D.S.

County Health Inspector:

F. HARDING.

Mental Deficiency Officer:

H. V. ADAMS (died 18.3.50).

Supervisor of Midwives:

MISS M. F. WEBB.

Superintendent Health Visitor:

MISS F. E. LILLYWHITE.

Senior Welfare Officer:

MISS J. M. HOWARD.

Senior Administrative Assistant:

E. L. EYRE.

Senior Administrative Officer for Mental Health:

H. G. SACKETT, D.P.A.

Home Teachers for the Blind:

MISS A. R. COOPER,

MISS A. HAMILTON.

MISS E. F. CHELMICK (appt. 1.4.50).

Area Medical Officers:

North Bucks Area Committee ... DR. D. H. WALDRON.

Wycombe Area Committee ... DR. A. J. MUIR.

South Bucks Area Committee ... DR. M. A. CHARRETT (appt. 11.4.50).

(b) Part-time Officers of the Authority and others discharging duties for the Authority.

County Consultant (diseases of the chest):

A. STEPHEN HALL, M.A., M.B., M.R.C.P., M.R.C.S.

Physicians (diseases of the chest):

Oxford Regional Hospital Board ... W. T. BIRMINGHAM, B.A., M.B., B.CH.

... M. C. BROUGH, M.D., B.CH., B.A.O. (res. Mar., 1950).

... A. STEPHEN HALL, M.A., M.B., M.R.C.P., M.R.C.S.

North West Metropolitan Regional Hospital Board ... BRIAN C. THOMPSON, M.A., M.D.

Chief Inspector:

W. A. DAVENPORT.

Public Analyst:

ERIC VOELCKER, F.I.C., A.R.C.S.

Bacteriologist:

DR. R. B. LUCAS, The Central Pathological Laboratory, Ministry of Pensions Hospital, Stoke Mandeville.

SECTION A.—GENERAL STATISTICS FOR THE COUNTY.

The area of the geographical and administrative County is 479,411 acres (approximately 749 square miles) and the number of inhabited houses at the 1931 census was 68,994, including 71,013 families or separate occupiers.

The rateable value at 1st April, 1950, was £2,836,558, and the estimated product of a penny rate for the financial year 1950/51 was £11,283, as compared with a figure for 1951/52 of £11,443.

At the 1931 census the population of the County was 271,565. The estimate of the Registrar-General for mid-1950 is now referred to as the home population, including members of the armed forces stationed in the area, and amounts to 386,087, as compared with 383,030 for 1949.

						1949			1950		
Births—						M.	F.	Total.	M.	F.	Total.
Legitimate	...	...	...	...	...	3,142	2,928	6,070	2,954	2,739	5,693
Illegitimate	...	...	...	...	...	144	138	282	128	147	275
Total						<u>3,286</u>	<u>3,066</u>	<u>6,352</u>	<u>3,082</u>	<u>2,886</u>	<u>5,968</u>
Birth-rate—									1948	1949	1950
Urban Districts (per 1,000 home population)	...	...	...	...	...				17.9	17.0	15.5
Rural Districts (per 1,000 home population)	...	...	...	...	...				17.2	16.8	15.4
County (per 1,000 home population)	...	...	...	...	...				17.5	16.9	15.5
England and Wales (per 1,000 home population)	...	...	...	...	...				17.9	16.7	15.8
Still-births (rate per 1,000 total births)	...	...	...	...	...				21.0	19.1	19.4
Deaths from all causes—											
Urban Districts	1,958	Death-rate	...	...	...				9.2	9.9	10.1
Rural Districts	2,007	Death-rate	...	...	...				10.1	11.1	10.5
Total for County	3,965	Death-rate	...	...	...				9.6	10.5	10.3
England and Wales		Death-rate	...	...	...				10.8	11.7	11.6
Infant Mortality Rate—											
Urban Districts (per 1,000 births)	...	...	...	...	...				27.3	20.2	26.9
Rural Districts (per 1,000 births)	...	...	...	...	...				26.2	24.9	22.7
County (per 1,000 births)	...	...	...	...	...				26.8	22.5	24.8
England and Wales (per 1,000 births)	...	...	...	...	...				34.0	32.0	29.8
Infant Mortality Rate among Illegitimate Children	...	...	...	...	...				36.8	39.0	54.5
No. of women dying in, or in consequence of, child birth	...	...	...	...	...				4	1	3
Deaths from—											
Measles	...	...	...	...	...				—	1	—
Whooping Cough	...	...	...	...	...				2	1	1
Diphtheria	...	...	...	...	...				—	—	—
Principal causes of death—											
Heart Disease	...	...	...	...	...				1,035	1,201	1,259
Cancer	...	...	...	...	...				659	653	716
Bronchitis	...	...	...	...	...				154	166	167
Pneumonia	...	...	...	...	...				150	164	151
Influenza	...	...	...	...	...				9	34	25
Tuberculosis—Respiratory	...	...	...	...	...				114	102	62
Other forms	...	...	...	...	...				12	10	8
Motor Vehicle Accidents	...	...	...	...	...				41	51	46
Other Accidents	...	...	...	...	...				74	62	79
Total deaths from all causes									<u>3,581</u>	<u>3,925</u>	<u>3,965</u>

Three maternal deaths were recorded in the County during the year, representing a rate of 0.49 per thousand total births, as compared with a rate of 0.86 for England and Wales. One of the three maternal deaths referred to, allocated to maternal causes by the Registrar General, referred to a pregnancy four years earlier.

For the third year in succession and the fourth time in the last five years, it is gratifying to report that no deaths from diphtheria occurred in the County.

SECTION B. GENERAL PROVISION OF HEALTH SERVICES. NATIONAL HEALTH SERVICE ACT, 1946.

Full details of the Council's Scheme under this Act were given in the report for 1949.

No very great changes took place in 1950 and comment and statistics on the various sections are given in the body of the report.

SECTION 22. CARE OF MOTHERS AND YOUNG CHILDREN.

Child Welfare Centres.

Child Welfare Centres have an important place in the preventive section of the National Health Service and the continued high attendance at welfare centres is proof of the appreciation by mothers of the help and knowledge which they gain. The number of new babies under one year of age attending centres during the year related to the total live births in 1950 is 70 per cent.

This year has again seen good progress in the Child Welfare Service of the County. One new centre was opened, and two closed, including one of the mobile centre sessions, leaving the number at 108. Organisation within each centre is the responsibility of the health visitor in charge; she advises the mothers on all aspects of child care, and arranges for the children to be seen by the medical officer at regular intervals or when any special problems occur. Mothers are encouraged to continue to bring their children at intervals until they reach school age, since it is between the ages of two and five years that many aspects of health and behaviour management are apt to be neglected. Thus continued health supervision can be provided and a link formed between the Child Welfare and School Health Services.

The mobile centre continued its useful work in the rural north of the County and has now become firmly established. As experience in its use has been gained, so has its value to the scattered communities increased.

It is pleasant to note that since July, 1948, when the administration of child welfare centres was taken over entirely by the County Council, the Voluntary Committee and helpers at each centre have continued to give their valuable support and help in the work of their centre. Their assistance in record keeping and organisation on the social side is appreciated, and enables the health visitors to concentrate on their own professional duties.

The value of child welfare centres as advisory and teaching centres for mothers with young children has again been emphasised during the year, and there is a growing interest in health education. Talks and discussion groups for mothers have been organised by the health visitors, aided by the voluntary committees. The groups meet during the welfare centre sessions or at special evening meetings. Teaching is based on a series of questions covering ante-natal care, infant feeding and management, general hygiene, nutrition and care of young children, and led up to a successful quiz competition held in the autumn in which representative mothers from 48 centres took part. This competition is described more fully in the section on Health Visiting.

The following table gives particulars of the attendances at the Child Welfare Centres operating during the year:—

	Permanent.	Mobile.
(1) No. of Centres operating at end of year	98	8
(2) No. of times Centres opened	2,707	92
(3) No. of attendances by Medical Officers	1,819	92
(4) Total No. of children presented for examination by the Medical Officer	25,691	862
(5) No. of children who first attended during the year and who, at their first attendance, were:—		
(a) Under one year of age	4,110	75
(b) Between one and five years	465	16
(6) No. of children in attendance at the end of year who were then:—		
(a) Under one year of age	3,396	83
(b) Between one and five years	6,318	188
(7) Total number of children who attended during the year	12,970	335
(8) Total number of attendances made by these children during the year:—		
(a) Under one year of age	57,218	632
(b) Between one and five years	45,433	918

Table (c) at the end of the Report gives details of the Child Welfare Centres.

Maternity Accommodation.

An analysis of the total births notified in the County during the year shows that 66 per cent. occurred in hospitals and maternity homes, the remaining 34 per cent. being domiciliary confinements.

The County Health Department has continued to act as the clearing house for allocating patients to available beds according to need. County Health Visitors investigate home circumstances of cases referred by general practitioners, ante-natal clinics, etc., and co-operation with Hospital Management Committees is maintained to ensure that the best use is made of available beds.

The following table shows the number of maternity cases for whom arrangements were made by the Department, for admission to the various institutions under the control of the Regional Hospital Boards during the year 1950, but does not include cases referred direct to hospital on medical grounds by medical practitioners:—

	No. of cases submitted.	Arrangements made but subsequently cancelled.
Royal Bucks Hospital, Aylesbury	87	1
Tindal General Hospital, Aylesbury	171	13
Churchill Hospital, Headington, Oxford	13	—
Radcliffe Infirmary, Oxford	13	—
Luton Maternity Hospital, Luton	8	—
The Westbury Maternity Home, Newport Pagnell	158	6
The Barratt Maternity Home, Northampton	12	—
Bedford County Hospital, Bedford	4	—
The Stone Maternity Home, Chalfont St Giles	188	21
St Paul's Hospital, Hemel Hempstead	36	—
The Shrubbery Maternity Home, High Wycombe	78	5
*Amersham General Hospital, Amersham	73	3
Townlands Hospital, Henley-on-Thames	3	—
†Greentrees Maternity Home, Bourne End	39	—
Canadian Red Cross Memorial Hospital, Taplow	452	10
Colinswood Maternity Home, Farnham Common	469	41
Upton Hospital, Slough	376	14
King Edward VII Hospital, Windsor	7	—
Old Windsor Hospital, Windsor	7	—
H.R.H. Princess Christian Maternity Home, Windsor	17	—
Hillingdon Hospital, Uxbridge	8	—
Other Hospitals and Maternity Homes	12	—
	<u>2,231</u>	<u>114</u>

*Commenced admissions September, 1950.

†Private Nursing Home used by arrangement with the Hospital Management Committee from February to September, 1950.

Care of Premature Infants.

The particular care of premature infants, in accordance with the recommendations contained in Ministry of Health Circular 20/44, has continued. In this circular a premature infant is defined as weighing 5½lbs. or less, irrespective of the period of gestation, and arrangements are made for this information to be supplied by doctors and midwives when completing birth notifications.

Particulars of premature infants notified during the year 1950 are given below. The figures apply to infants whose mothers are normally resident in the County, and the birth rates are divided into three separate categories. The percentage of infants surviving 28 days was considerably higher in the case of domiciliary confinements, being 93 per cent. as compared with 84 per cent.

	Under 3lbs.	3-4lbs.	4-5½lbs.	Total.
Born at home—				
Died in first 24 hours	1	—	1	2
Died on 2nd to 7th day	—	2	2	4
Died on 8th to 28th day	—	—	—	—
Survived 28 days	—	9	75	84
Total born at home	1	11	78	90
Born in hospital or nursing home—				
Died in first 24 hours	12	6	3	21
Died on 2nd to 7th day	3	7	2	12
Died on 8th to 28th day	1	—	2	3
Survived 28 days	2	27	164	193
Total institutional births	18	40	171	229

In domiciliary cases midwives are required to seek immediate advice and any necessary assistance from the County Superintendent, and three special portable cots have been made available for domiciliary use.

In addition, the health visitors pay particular attention to the care of premature infants when the responsibility of the midwife ceases at the end of the lying-in period, or on discharge from hospital or nursing home.

Day Nurseries.

There is still a demand for nursery accommodation at Aylesbury, High Wycombe and Slough and there is a waiting list for each Nursery.

All four Nurseries in the County are recognised as Training Schools, in accordance with Ministry of Health Circular 126/45, for the National Nursery Examination Board Certificate and during the year six students completed training and successfully passed the examination.

The following table shows the position at the end of 1950:—

Nursery.	Accommo- dation.	No. on Register.	Average Attend- ance.
Walton Cottage, Aylesbury	42	48	42
Baylis Court Slough	40	40	34
Manor Park, Slough	48	48	43
Temple End, High Wycombe	40	43	37
	<u>170</u>	<u>179</u>	<u>156</u>

Residential Nurseries.

The Short-stay Nursery at Brookside, Slough (28 children) and the Long-stay Nursery at Larchmoor, Stoke Poges (34 children) are by arrangement with the Children's Committee, under the medical care of medical officers of this department.

As a result of consultation with the Children's Committee on Home Office Circular 193/1949, arrangements are made for medical officers to examine all children on admission and at suitable intervals afterwards, arrange vaccination and immunisation in suitable cases, co-operate with the general practitioner appointed to treat sickness among children and staff, advise on general hygiene in the nurseries, supervise diet and feeding, arrange for medical examination of staff, including periodic X-ray examination, and furnish medical reports on children about to be boarded out or adopted.

Both the nurseries are recognised as Training Schools for the National Nursery Examination Board Certificate and the medical and nursing staff of the health department are utilised for teaching the appropriate sections of the syllabus.

Ante-natal and post-natal examinations.

The ante-natal clinics at Aylesbury, Chesham, High Wycombe and Slough continued to function satisfactorily, and during the year 1,973 expectant mothers made a total of 6,405 attendances at these clinics.

In addition, a total of 328 post-natal examinations were carried out at the ante-natal clinics.

These figures show a fall in the new cases and it is becoming increasingly evident that with increasing hospital facilities for these examinations and with the advent of general practitioner obstetricians the County Council Clinics are becoming superfluous. There is, however, great scope for educative clinics running parallel with hospital clinics and steps are being taken to develop public health clinics in this way.

Care of Illegitimate Children.

The agreement entered into with the Oxford Diocesan Council for Moral Welfare, for the care of illegitimate children, has continued. All cases requiring help were referred to the appropriate area Diocesan Moral Welfare Worker, and financial assistance in approved cases, consisting of the ascertained cost of maintenance at selected institutions, less each girl's contributions from insurance and other sources, for a period of six weeks before and eight weeks after confinement was available on application to the County Medical Officer. In addition an annual grant is paid to the Diocesan Council towards the cost of the work undertaken by their Moral Welfare Workers.

Close co-operation exists between Health Visitors and Moral Welfare Workers, and the arrangements continue to work quite smoothly.

Maintenance at suitable institutions on the lines indicated has been approved for 63 cases during 1950, 28 of whom were admitted to Putnam House, Aylesbury, the Maternity Home of the Mid Bucks Association for Moral Welfare.

Report of the Senior Dental Officer.

The number of County Dental Officers employed still remains much below establishment and in consequence it is impossible to increase the time given to the dental treatment of maternity and child welfare patients.

Table (h) at the end of the report therefore shows no improvement on the numbers treated in 1949 and does not call for further comment.

INFANT DEATHS, 1950.

During this year a detailed enquiry has been made into the circumstances of the 118 stillbirths and 148 infant deaths occurring among residents in the county.

In 1950, the total loss of infant life from stillbirth and infant death under one year was 43.7 per 1,000 total births. This represents a slight increase over the 1949 figure of 41.2, but is lower than any previous year.

Stillbirths and neonatal deaths (under four weeks) are closely linked, since the reason for non-survival is frequently the same. Hazards of birth, or maternal complications of pregnancy and delivery were related to 59 per cent. of the stillbirths and to 54 per cent. of the neonatal deaths.

The incidence of prematurity was 5.9 per cent. of the total and 5.3 per cent. of the live births, a slight increase over the figure for 1949. Premature birth was associated with 31.4 per cent. of stillbirths and 57 per cent. of neonatal deaths, and with 22.7 per cent. of deaths in infants between the ages of one and 12 months. Prematurity is still an important factor in infant mortality, but in 1950, although the total number of premature births was greater than in 1949, a higher proportion of the babies survived. In 1949 the premature death rate was 17.4 per cent. and in 1950 it was 15 per cent. of viable live premature births.

There was a slight increase in 1950 in the deaths of infants between the ages of one and 12 months. In 1949 the infant mortality rate for this age group was 6.9 per 1,000 live births and in 1950 the figure was 7.4. This rise is accounted for by an increased incidence of infections of the respiratory and digestive systems; there was one death from tuberculosis but none due to the acute infectious fevers. Of the 24 babies in this group who died of infection, only 3 were breast-fed up to the onset of illness. Seven had been artificially fed from birth and the remaining 14 had been weaned before the onset of illness.

To summarise, out of the 6,086 total births in the County in 1950, 266, or 4.4 per cent., of infant lives were lost before the age of one year. Of these total deaths, 83 per cent. occurred before or within the first four weeks of life and 43 per cent of these were associated with premature birth; comparable figures for 1949 were 85 per cent. and 55 per cent.

SECTION 23. MIDWIVES' SERVICE.

Midwives' Acts.

The number of midwives practising in the County at the end of the year was 190, including 111 domiciliary and 79 institutional.

For the purpose of comparison, the number of cases attended by midwives over the past three years is given below:—

	1948	1949	1950
Cases attended as Midwives	3,674	3,582	3,470
Cases attended as Maternity Nurses ...	2,271	2,165	1,821

During the year a total of 66,845 visits were paid to patients by domiciliary midwives.

In accordance with the Rules of the Central Midwives' Board, notifications were received from midwives during the year, as follows:—

Notices of sending for Medical Aid—

Pregnancy	127
Labour	294
Puerperium	67
Infant	88
	— 576
Stillbirths	84
Deaths of Mothers	1
Deaths of Infants	37
Notifications of having laid out a dead body	45
Notifications of liability to be a source of infection	98
Notifications of Artificial Feeding (a) Partial	126
(b) Complete	214

Supervisor of Midwives.

During the year the Supervisor of Midwives and her Assistants made a total of 365 visits of inspection to midwives.

Analgesia.

The requisite training in the administration of gas and air analgesia was provided by the County Council for 15 midwives during the year. At the end of the year 104 domiciliary and 51 institutional midwives practising in the County were qualified to administer analgesics in accordance with the requirements of the Central Midwives' Board.

During the year the total number of cases in which analgesics were administered by domiciliary midwives employed by the County Council was 1,353, including 927 when acting as midwives and 426 as maternity nurses.

Blood Pressure Apparatus.

The existing arrangements for the supply to district nurse-midwives of the necessary outfits to enable them to take blood pressure in ante-natal cases and for instruction in the use of such apparatus was continued. During the year eight such outfits were issued, and at the end of the year the number of midwives employed by the County Council having outfits in their possession was 78.

Sterilised Maternity Outfits.

The issue of sterilised maternity outfits free at domiciliary confinements which was commenced on 5th July, 1948, has continued, and the number of outfits issued by midwives during 1950 was 2,360 as against 2,096 during the previous year.

SECTION 24—HEALTH VISITING.

The health visiting service of the County during the year under review maintained the steady expansion of duties envisaged by the National Health Service Act, and reported last year.

Recruitment of staff did not fill all established vacancies as the national shortage of nurses affects the public health field as it affects all other branches of nursing.

During the year one health visitor retired and two resigned for domestic reasons. Eight new health visitors were appointed and three scholarships were awarded to suitably qualified nurses to undertake training for the Health Visitors' Certificate.

The staff on 31st December was:—

Superintendent Health Visitor	...	...	...	...	...	...	...	1
Assistant Superintendent Health Visitors	...	...	...	...	...	...	...	2
Senior Health Visitors for Health Education	...	...	...	...	...	...	...	2
Full-time Health Visitors	...	...	...	...	...	...	...	35
Par-time Health Visitor	...	...	...	...	...	...	...	1
Part-time District Nurse/Midwives	...	...	...	...	...	...	...	59
Approximate equivalent	...	...	...	...	6 full-time health visitors.	...	...	

Home Visiting.

As indicated last year, home visiting during 1950 again demonstrated the increasing need of the family for guidance on family adjustments and social problems. Clearly the family must be regarded as one unit and the care and development of the pre-school child cannot be divorced from the problems of the schoolchildren, the adolescents, the young "in laws" and the old people. Thus routine home visiting becomes more and more time consuming and requires a greater skill and a detailed knowledge of all the ramifications of the social services.

It is the most valuable aspect of the health visitor's work and in this County occupies the major portion of the time of the health visiting staff. Both in home visiting and in Child Welfare Centres special attention has been given this year to propaganda and encouragement to mothers to take advantage of vaccination and immunisation.

Health visitors enjoy a close co-operation from all other workers in the County's social services—both statutory and voluntary—and refer to them such families as may need their particular assistance.

Child Welfare Centres.

The place of the health visitor in the Child Welfare Centres as the health educator and adviser is well established, and the voluntary workers still give to her their valuable support and assistance. Attendances at Child Welfare Centres indicate that mothers still find them a valuable adjunct to home visits and are keen to seize the opportunity for regular routine medical examination of their children under five years of age. Special sessions for toddlers are proving popular and successful in the few Welfare Centres where it has been possible to arrange for them.

Great interest was shown during the spring and summer in the special effort to develop discussion groups on various aspects of maternity and child welfare. It was possible to show appropriate health education films in some Centres.

Many mothers expressed their appreciation of the opportunity given through their Child Welfare Centre to increase their interest and knowledge in handling their families.

Health Education.

During the year 1950, Health Education has continued to develop. An extensive programme was launched in the spring and between April and July more than 300 talks and discussions were held during Child Welfare Centre sessions or at other times where convenient.

The Maternity and Child Welfare Quiz Final was again held in September when an audience of 280 assembled. Representatives from the Ministry of Health and Central Council for Health Education were present and paid tribute to the high standard achieved by the contestants. The team was drawn from mothers who belonged to the Child Welfare Centres and had attended the series of instructional talks.

A parents' handicraft competition was organised and exhibits of needlework, toys, nursery equipment, and posters were displayed on the "Quiz Day." These along with other exhibits on health matters served to portray an attractive and useful exhibition. Credit is due to the extra work and energy displayed by health visitors in preparing and presenting talks and stimulating the enthusiasm of young mothers.

Mothers' Clubs.

The popularity of these Clubs is increasing and there are now five in the County—Chesham, Great Kingshill, Slough, Wendover and Wolverton. Membership varies from 35 in the rural area to 130 in the more populous areas. Members meet fortnightly and the average attendance is 70 per cent. Activities are mainly devoted to health education—some have social activities as well, lectures being arranged by the County Council wherever possible, and local speakers, e.g., General Practitioners, Dental Officers, etc., are contacted by the Clubs' Committees.

It has become apparent that the scope of teaching in these Clubs could be usefully extended to include study of the development of the adolescent and pre-parenthood age groups.

During the year another Senior Health Visitor was appointed to assist in the health education work and this has enabled the service to be extended to cover such organisations as Old People's Clubs and Parent-Teacher Associations. Application for talks and demonstrations from these Associations is definitely increasing.

The Central Council for Health Education—as part of its service to Local Authorities—offered a two-day course for Medical Officers and Public Health Nurses on "The principles, methods and media of health education." This was repeated on three occasions in October, in Bletchley, Aylesbury and Slough, and all health visitors attended and responded to this opportunity for lectures, discussion and exchange of ideas.

Care of the Aged.

It becomes increasingly apparent that the care of the aged can well become a major problem of home visiting. To retain old people in their own homes, to guide the family into re-adjustments that would make a place for the old members within the family circle, to prevent old people becoming unnecessarily bed-fast, requires time and skill in introducing new ideas as well as the social services that can help.

The health visiting staff are still responsible for assessing the nursing needs of the aged, sick and infirm and making appropriate recommendations for hospital or institutional care.

Clinic Work and Special Visiting.

Ante-natal Care.

Health visitors continue to staff ante-natal clinics at Aylesbury and Chesham. Elsewhere in the County the Regional Hospital Board undertakes direct responsibility for ante-natal clinics.

At one maternity home co-operation between the health visitor and the Matron led to the establishment of ante-natal exercise classes. Simple exercises are demonstrated and used as a basis for health teaching and ante-natal care. Such classes are enthusiastically received and in response to demand have been inaugurated in a second maternity home in the county.

All requests for maternity hospital accommodation on social grounds are investigated by health visitors and appropriate recommendations made to the Regional Hospital Board.

Tuberculosis Service.

Health visitors form an integral part of the Tuberculosis team, providing nursing personnel for the Chest Clinics and being responsible for the guidance of the family in preventive measures at home. It is gratifying to record an excellent attendance of contacts for examination at the Chest Clinics.

Venereal Diseases.

One health visitor gives part-time service at a clinic for Venereal Diseases.

Child Life Protection and Adoption.

The arrangement between the Health Department and the Children's Department continues to work smoothly. Health visitors supervise the care of all children under five years who are fostered in private homes or in care of foster parents with a view to adoption.

Fosters mothers in charge of Children's Homes which are the responsibility of the Children's Department welcome regular visits from health visitors for help and guidance in the care of the children.

Research.

Information is being collected for research purposes in relation to incidence of whooping cough, causes of stillbirths and the progress of premature babies. In all these cases home environment plays a part and health visitors pay "follow up" visits to obtain information.

An interesting and concentrated, if small, investigation took place in one village in the County this year following suspicion by the Chest Physician of bovine tuberculosis infection in a child referred to him. Fifty-eight children were examined and given jelly tests, following home investigations by the health visitor in which the consent and co-operation of the parents was obtained.

Co-operation.

Health visitors, district nurses and midwives form the nursing personnel of the Public Health team and each harmoniously complements the work of the other. Close co-operation also exists between health visitors, officers of the Children's Department, Home Help Organisers, Moral Welfare Workers, and all local social workers in each area.

Personal contact and mutual help is maintained between the health visiting staff and hospitals, particularly with sisters of Children's wards and with the hospital almoners.

One R.A.F. Station in the county has established a Child Welfare Centre to serve families living within the camp, and a health visitor has been seconded to organise this.

Health visitors take part in the vocational side of the training of nursery nurse students. Some undertake lectures and others afford facilities to students for observations in their Child Welfare Centres.

Publicity.

Information and opportunity for observation of health visitors' work has been given to members of the B.B.C. staff for a broadcast talk in their "Can I help you" series, and similar facilities were offered to a woman journalist for an article in a series on "Careers" in a well known woman's magazine.

International Contacts.

The health visiting staff have been happy to take part this year in entertaining visitors interested in Public Health from Australia, Malaya, Hong Kong, Ceylon and Thailand.

Health Visits.

The following is a summary of visits paid during 1950:—

	First visits.	Total visits.
Expectant Mothers	3,986	9,536
Children under one year of age	6,725	34,019
Children between one and five years of age ...	1,139	44,342
Other cases	331	1,196

Infestation of Head Lice.

When required, treatment has been available for disinfection of children discovered with head lice. Sufficient D.D.T. cream to treat the entire family has been supplied when children have been found verminous and detailed instructions have been given by Health Visitors in each case, emphasising the need for family and not individual disinfection.

Again there was no instance of it being found necessary for a Health Visitor to request a special follow-up.

SECTION 25—HOME NURSING.

The home nursing service, which was transferred from voluntary organisations in 1948, has continued to operate smoothly.

At the end of the year there were seven whole-time home nurses employed, together with 113 district nurse-midwives employed part-time on home nursing, giving an approximate equivalent of 56 whole-time nurses. Particulars of work undertaken during the last two years are given below:—

	1949.	1950.
Number of cases attended by Home Nurses	12,945	14,939
Total number of visits paid by Home Nurses	224,043	232,612

SECTION 26—VACCINATION AND IMMUNISATION.

Vaccination.

Every effort is being made to improve the present unsatisfactory situation with regard to primary vaccination. Although there is an increase in the numbers vaccinated, the figure is still so low as to be a cause of serious uneasiness to those of us who believe in infant vaccination as a preventive measure.

The repeal of the compulsory aspect of vaccination by the National Health Service Act, 1946, has not resulted in any decrease in the numbers vaccinated. In fact a comparison with 1947, the last complete year under the Vaccination Acts, reveals a considerable increase, the total of successful primary vaccinations being 2,467 as against 1,798.

Details of vaccination records received from medical practitioners, relating to the year 1950, as submitted on the return to the Ministry of Health were as follows:—

	Age—	Under 1.	1 to 4.	5 to 14.	15 or over.	Total.
Number vaccinated		962	1,086	192	237	2,477
Number re-vaccinated		—	20	1,177	792	1,989

Immunisation.

The Council's scheme for diphtheria immunisation under the National Health Service Act continued in full operation during the year. Particulars of the fee to be paid to medical practitioners for the submission of records to Local Health Authorities were published early in 1950, and records of vaccination and immunisation are regularly received from medical practitioners in addition to immunisations carried out at Child Welfare Centres.

Details of primary immunisations, divided into the two six-monthly periods are given below:—

	Half year ended 30.6.50.	Half year ended 31.12.50.
Children under five years	2,287	1,819
Children five to fourteen years	94	193

Of the total of 4,393, 2,695 received the combined immunisation against diphtheria and whooping cough, and in addition 44 children were immunised against whooping cough only.

The usual return of immunisation in relation to child population was required by the Ministry of Health. According to records in the possession of the Department at the end of the year, the number of children who had completed a full course of immunisation at any time before 31st December, 1950, was as follows:—

Age at 31.12.1950. i.e., Born in year.	Under 1 1950.	1 1949.	2 1948.	3 1947.	4 1946.	5 to 9 1941-1945.	10 to 14 1936-1940.	Total under 15.
Number immunised ...	286	3,617	4,624	4,684	4,194	20,873	17,816	56,094
					Children under 5.	Children 5-14.		
Estimated mid-year child population, 1950				...	31,960	53,590		85,550

SECTION 27—AMBULANCE SERVICE.

During the year the scheme for the Ambulance Service was modified to some extent by concentrating the work more on main stations at Bletchley, Aylesbury, High Wycombe and Slough. As a result three of the smaller stations, Amersham, Bourne End and Marlow became purely volunteer stations, carrying out certain duties for which an inclusive payment is made on a mileage basis.

It was possible to obtain more sitting case cars during the year and nine were in service at the Ambulance Stations at the end of December. These are all Austin 16 h.p. Taxi type vehicles and have proved to be most satisfactory for the purpose; they have wide doors and are capable of carrying six adult sitting cases.

Although the total mileage travelled by all vehicles has increased by over 107,000 miles this increase has been almost entirely provided by sitting case cars. The mileage of ambulance vehicles is actually only 3,488 more than the previous year.

The Hospital Car Service still caters for an enormous number of sitting case patients and their cars travelled some 34,000 miles more than last year, in spite of the greatly increased number of sitting cases carried by cars in the Ambulance Service.

The demand from hospitals and doctors continues to increase although the Hospital Committees are co-operating by trying to arrange appointments so that groups of patients can be carried together, but as their clinics increase in number so will the need to convey patients thereto increase also.

In June, 1951, the Ministry of Health revised the form of annual return so as to include unit costs as well as the usual statistics for the period 1st April, 1950—31st March, 1951.

Extracts from this return are included in the tables at the end of the report (Table i) and replace the statistics previously given for the calendar year.

SECTION 28. PREVENTION OF ILLNESS—CARE AND AFTER CARE.

Report of County Chest Consultant.

In the report for the year 1948 it was written that " it should be possible by resolute measures . . . to reduce the (tuberculosis mortality) rate in Buckinghamshire down to the teens (per 100,000) within a few years." It therefore gives great satisfaction to be able to record that during 1950 the mortality fell to 18 per 100,000, a decline of 40 per cent. from the level of 1949. If we take the average rate for the preceding ten years we find there is a decline of over 50 per cent. Such an improvement is unprecedented. The rate for the combined Urban Districts was 23.6 and for the Rural Districts 12.5.

The number of deaths was 70 as compared with 112 in 1949. This number is now so small as to render close analysis of doubtful value. Nevertheless, certain features are worth noting. Of these 70 deaths 54 were in males, no less than 77 per cent., and of these 54 there were 35 who died after the age of 45. The weight of tuberculosis mortality is indeed now falling on the middle-aged or elderly men. The cause of this decline in mortality is likely to be the effect of the drugs streptomycin and P.A.S., which only came into wide use in January, 1950. Contributory causes may be the improved general standard of nutrition and the raising of the efficiency of the Chest Service.

Notifications were 383, a figure which does not differ from those of the previous two years but which is much higher than formerly. As stressed in last year's report this increase probably does not represent an increase in morbidity but only a tightening up in the notification machinery. In these notifications there were 228 males and 155 females. 31 per cent. of the males and 8 per cent. of the females were over the age of 45. During the year the Mass Radiographic team visited Aylesbury and the North of the County, and examined some 21,000 people, bringing to light 33 new active cases of tuberculosis. This gives a crude rate of 1.5 per 1,000, which is a good deal lower than that which prevails in most parts of the country. When it is recalled that this figure includes the results of examinations in mental hospitals, where the incidence of tuberculosis is always very high, then the figure appears even more satisfactory. Nevertheless it suggests that in addition to the ordinary morbidity as revealed by notifications there are some 470 unknown active cases at large in the County.

We have constructed a map showing each registered patient by a pin inserted as near as possible to his home. This map reveals agglomerations of patients in the towns as might be expected, but there are also little groups of patients in rural areas whose presence is more difficult to explain. An enquiry is being conducted into one such group.

During the year it has been possible, with reasonable certainty, to trace tuberculous disease in three children, one of whom died, to milk from particular tuberculous cows. The Chest Section now receive notification of every cow found to be giving tuberculous milk: it may be that there lies an opportunity for field work here which would save several lives each year.

The work at the Chest Clinics continues to expand and at the end of the year there were 1,766 patients on the clinic registers and 264 of these had had a positive sputum in the previous six months. Refill sessions and the examination and testing of contacts take up an increasing amount of time. No fewer than 1,417 new contacts were examined during the year, 28 of whom were found to be tuberculous, and of course there was a greater number of examinations of old contacts. It is clear that extra medical help will be required in the clinics. This need is emphasised when it is recalled that a large part of treatment is now organised from the clinics. The chalet beds at Aylesbury, Amersham and Wycombe Hospitals, together with those at the patients' homes, were augmented half-way through the year by 15 beds at the fever hospital in Aylesbury. No patient in the Oxford Regional Hospital Board part of the county now has to wait more than a few days before treatment can be commenced in hospital. There is, however, often delay in obtaining admission for more specialised treatment in one of the sanatoria. A great part, perhaps the greater part, of treatment is undertaken by the clinic physicians. Much of the treatment takes place at the patients' homes, and it is here that the work of the District Nurses, with their daily injections of streptomycin, has proved of such great value.

The preventive vaccine B.C.G. was used in the County for the first time in 1950. All nurses and hospital workers in contact with patients were tested with tuberculin, and vaccinated if negative, and the Service was extended to contacts. Eighty-five hospital workers were vaccinated, all but one successfully. This case was that of a young woman who is a laboratory worker. She was revaccinated but again unsuccessfully. Two nurses declined vaccination. One hundred and fifty-six contacts were vaccinated, all successfully. There were no cases of glandular abscesses or general reactions.

It is appropriate here to record the great importance of the work of the Welfare Officers, led by Miss Joan Howard, which is the subject of a separate report: of the Occupational Therapists who do much to maintain the morale of their patients: of the Health Visitors, and of the Clerks who knit the work of the rest of us into a coherent whole.

It was in the late autumn of 1946 that the members of the new tuberculosis team were appointed in the County, and at first it appeared as if their activities had little result other than that of additional expense, but now the Council's policy and the team's patients labour in the field seem to be bearing a rewarding harvest.

REPORT OF CHEST PHYSICIAN TO WINDSOR GROUP HOSPITAL MANAGEMENT COMMITTEE.

That part of the County which falls within the Northwest Metropolitan Region including Slough and its surrounding district, continues to present a special problem. Much of the population is overcrowded, with little hope of immediate relief. Shortage of beds obliges much of the treatment for tuberculosis to be carried out in the patients' home, and when this is so often shared by two or even more families, spread of the infection is very difficult to combat. Garden chalets are used where possible and B.C.G. vaccination is offered to all contacts found to be negative to the tuberculin test. Home treatment by the techniques now available can be effective in many cases, but usually a period of hospital or sanatorium care is essential at some stage.

During the year a Ward for 26 male patients was made available at the Canadian Red Cross Hospital, Taplow, under direct control of the Chest Physician. This number of beds, though far below optimin needs, has very greatly aided the control of the disease in men. It is hoped to obtain similar accommodation for women, for whom there are at present no beds to which they can be directly admitted and cases of great hardship are not uncommon. In the case of chronic infectious persons, not requiring treatment but who have no home of their own and move from one lodging to another, the provision of a special hostel has been under consideration.

Towards the end of the year arrangements were completed for the opening of a new Chest Clinic in Windsor, to serve this part of the County and that part of Berkshire which falls within the same region. A subsidiary service will continue to function from Upton Hospital for persons who cannot easily make the journey to Windsor. Some amalgamation of the staff provided by the County will be necessary, by arrangement with Berkshire. The accommodation and equipment at the Windsor Clinic will be of a very high order, and the necessary expansion of the service will no longer be hampered by lack of adequate facilities.

MASS RADIOGRAPHY.

Mass Radiography Units attached to the Regional Hospital Boards have visited four areas in the County during the year.

A total of 20,748 cases were X-rayed and the following table gives a summary of results by areas, for which information I am indebted to the Medical Officers in charge of the various Units.

Summary of Findings of newly discovered cases of significant Tuberculosis in Surveys in Bucks.

Area.							Newly discovered significant cases of Tuberculosis.		
AYLESBURY.							No.	Active.	Inactive.
							X-rayed.		
Firms	...	...	...	...	...	...	4,147	8	18
Schools	...	...	...	...	...	...	715	—	1
General Public	...	...	...	...	...	...	1,792	1	9
Borstal Institution	...	...	...	...	...	...	223	1	1
Manor House Hospital	...	...	...	...	...	...	149	—	2
Stoke Mandeville Hospital	...	...	...	...	...	...	267	1	1
St. John's Hospital, Stone	...	...	...	...	...	...	900	5	5
Westcott R.P.D.	...	...	...	...	...	...	732	1	1
Dorton Blind School	...	...	...	...	...	...	140	—	—
Crendon Polish School	...	...	...	...	...	...	201	1	2
General Public	...	...	...	...	...	...	111	—	—
Total Aylesbury Survey	...	...	...	...	...	...	9,377	18	40
BLETCHLEY.									
Firms	...	...	...	...	...	...	3,195	7	18
Schools	...	...	...	...	...	...	123	—	1
General Public	...	...	...	...	...	...	718	1	2
Total Bletchley Survey	...	...	...	...	...	...	4,036	8	21
NEWPORT PAGNELL.									
Firms	...	...	...	...	...	...	545	1	1
Schools	...	...	...	...	...	...	60	—	—
General Public	...	...	...	...	...	...	844	—	4
Total Newport Pagnell Survey	...	...	...	...	...	...	1,449	1	5
WOLVERTON.									
Carriage and Wagon Works	...	...	...	...	...	...	2,838	3	16
Other firms	...	...	...	...	...	...	1,020	1	12
Schools	...	...	...	...	...	...	533	—	—
General Public	...	...	...	...	...	...	1,495	2	3
Total Wolverton Survey	...	...	...	...	...	...	5,886	6	31
Total for County	...	...	...	...	...	...	20,748	33	97

TUBERCULOSIS.

Notification and Mortality.

Notifications of and deaths from tuberculosis, during the ten-year period 1941-1950, together with death rates per thousand of the population, are given below:—

Year.	Primary Notifications.		Mortality.			
	Respiratory only.	All forms (including respiratory).	Respiratory only. Number.	Rate.	All forms (including respiratory). Number.	Rate.
1941	149	204	155	0.38	192	0.47
1942	165	236	112	0.30	138	0.37
1943	158	216	131	0.36	164	0.45
1944	183	248	119	0.33	144	0.40
1945	179	240	131	0.37	157	0.44
1946	176	245	114	0.32	132	0.37
1947	266	312	135	0.37	148	0.41
1948	318	376	114	0.31	126	0.34
1949	319	380	102	0.27	112	0.30
1950	314	383	62	0.16	70	0.18

The following are the particulars of notifications and deaths during the year under review, set out in age groups:—

Age Groups.	Primary Notifications.				Deaths.			
	Respiratory.		Non-Respiratory.		Respiratory.		Non-Respiratory.	
	M.	F.	M.	F.	M.	F.	M.	F.
Under 1	3	3	1	—	—	—	1	—
1—5	7	4	5	5	—	—	1	2
5—15	9	7	14	18	—	—	1	—
15—25	38	54	6	5	2	—	—	—
25—45	69	43	6	3	13	6	1	—
45—65	53	9	3	1	21	7	—	—
65—75	11	2	1	—	10	1	2	—
75 and over	1	1	1	—	2	—	—	—
Totals	191	123	37	32	48	14	6	2

RETURN RELATING TO THE WORK OF THE CHEST CLINICS

during the year ended 31st December, 1950.

DIAGNOSIS.		RESPIRATORY.			NON-RESPIRATORY.			TOTAL.			Grand Total
		Adults		Children	Adults		Children	Adults		Children	
		M	F		M	F		M	F		
A. (1) On registers at beginning of year ...		859	537	82	68	60	80	727	597	162	1486
(2) Transfers from other areas		74	40	7	1	5	3	75	45	10	130
(3) L.S.O. cases returned		3	4	—	—	—	—	3	4	—	7
B. New cases diagnosed	(1) T.B. minus	59	51	24	11	5	24	70	56	48	174
	(2) T.B. plus ...	103	67	8	5	4	4	108	71	12	191
C. Cases written off	(1) Recovered ...	31	14	1	1	3	2	32	17	3	52
	(2) Dead	34	6	1	—	—	3	34	6	4	44
	(3) Transfers out	52	49	4	3	4	2	55	53	6	114
	(4) Others	5	6	1	—	—	—	5	6	1	12
D. (1) On registers at end of year		776	624	114	81	67	104	857	691	218	1766

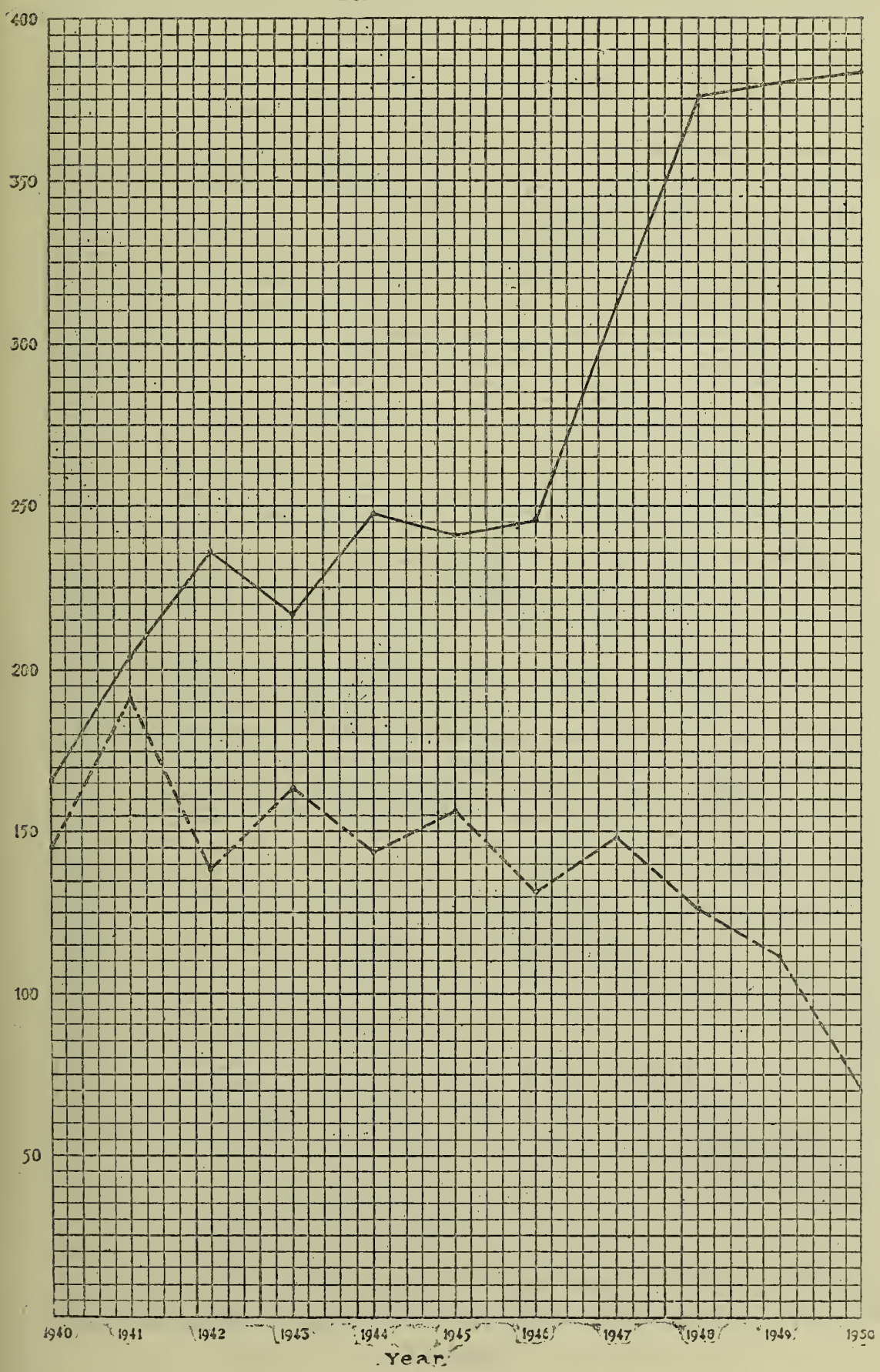
REPORT OF SENIOR WELFARE OFFICER.

(a) Tuberculosis.

During 1950, as the number of Chest Clinic sessions increased the three Welfare Officers attended selected sessions only, in order that home visiting and other outside work might be maintained, particularly among the long term and chronic patients who only attend the Clinics occasionally. The work has been closely integrated with that of the other members of the tuberculosis team.

BUCKINGHAMSHIRE
TUBERCULOSIS (all forms)

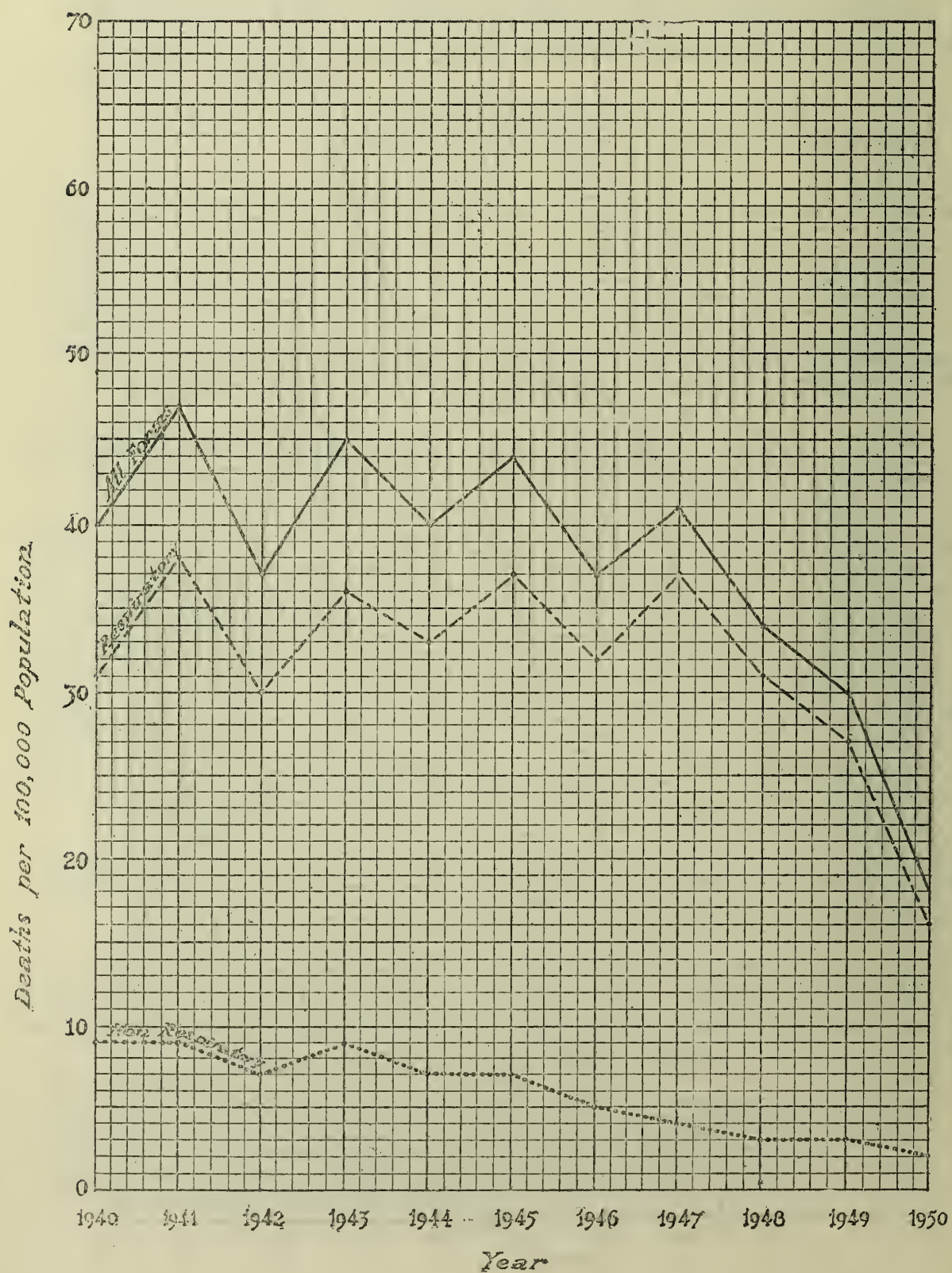
Notifications ———
Deaths - - - - -



BUCKINGHAMSHIRE

TUBERCULOSIS DEATH RATES

1940 ~ 1950



Of the 556 patients who were referred to the Welfare Officers for the first time, 260 had been referred previously. In addition 443 domiciliary visits were paid to tuberculosis patients during the year.

After the opening of the tuberculosis block in Aylesbury Isolation Hospital, patients there were visited regularly and advised about their social problems.

During the year the garden shelters were occupied by 41 patients. In a number of cases extra amenities have been provided for the shelters as well as beds and bedding where these were needed.

Worry over bad and inadequate housing was one of the chief causes of anxiety among patients. Some housing authorities have helped greatly by giving priority to patients with open tuberculosis, but in other areas the problem has remained acute. There is still a need for convalescent homes for these patients, particularly for men, specially in cases where the illness is of long duration and relatives are feeling the strain.

As the year went on the increase in the general cost of living was reflected in the difficulty felt by patients whose sole source of income was National Insurance benefit, and National Assistance Allowances. It became increasingly necessary to obtain other forms of help where the maximum statutory payments were already being made.

The Chest Clinic libraries were supplied, as before, with books provided by the St. John and Red Cross Hospital Library Department; from July onwards a payment for this service being made by the County Council.

The Occupational Therapy scheme grew rapidly during the year (see below).

Three Almoner Students worked in the Welfare Section for short periods during the year as part of their practical training under the Institute of Almoners.

(b) Other Illnesses.

Hospitals and general practitioners referred 174 patients compared with 107 in 1949, and 197 domiciliary visits were made. Nearly a quarter of these patients were referred for recuperative holidays either following acute illness or because of debility. More than half the patients had some permanent disability or progressive disease.

Wheel chairs, beds and bedding were needed and financial help over and above that obtainable from statutory sources, particularly in the case of elderly patients, and those who have long been home-bound.

In many instances long term family case work has been needed, especially among the younger chronic patients such as the paralysed. In several cases patients were referred following discharge from hospital for help in sorting out the residual social problems arising from their illness.

As in the case of the Chest Clinic patients there has been close liaison with officers of other statutory and voluntary organisations who have given much help of different kinds.

(c) Care Committees.

The Care Committees met regularly and gave direct assistance to 202 patients. Stocks of beds, bedding and wheel chairs were bought to meet sudden needs. Extra nourishment was the largest single item. There was a steady demand on the voluntary funds, particularly for fares and emergency cash grants. Various unusual needs were met, ranging from the provision of a special old fashioned type of pram for a child with Stills Disease, to help with the purchase of pigeon food for a patient whose hobby was pigeon fancying, and assistance with the expenses of a young man training for the stage. Several elderly invalids were helped with the expense of chiropody treatment.

The Committees again received grants from the King Edward VII Memorial Fund and the Sunday Cinematograph Fund. They also received a grant from the proceeds of the Rural Meat Pie Scheme and donations from several local organisations. In addition grants were obtained for individual patients from various Service Funds and other charities.

(d) Occupational Therapy.

Total patients for the year—303 of whom 217 were tuberculous.

Total Visits—

January—March	1	Occupational Therapist	181	} 1,932, excluding visits to Old People's Homes.
April—August	2	"	773	
September—December	3	"	978	

During 1950 there was considerable extension in this work, and during the last four months the average number of patients on the books at one time was approximately 170. In April a second Occupational Therapist was appointed and towards the end of August a Senior Occupational Therapist started work. From this time the nine Old People's Homes in the County, comprising about 290 old people, were included in the visiting.

About two-thirds of the patients are referred by the Chest Clinics, the remainder having any type of disease rendering the patients unfit for employment. An increasing number of these are referred by General Practitioners. Any type of craft is being used, but as the cost of materials has risen rapidly and the majority of patients only receive National Insurance or Assistance payments, it has been necessary to concentrate mostly on such things as have a ready market among the patients' friends so that the cost of materials may be recovered for the purchase of more. To this end leatherwork, lampshades and weaving have proved the most popular. Where this has not been practical various factories in the county have been approached by the Occupational Therapists and outwork obtained for which there has been a definite payment. In many cases this has had a better psychological effect than crafts. Many thanks are due to the factories which have helped in this way, but there is not yet nearly enough of this type of work for the patients who want it, and it is hoped that in the future the number of factories supplying it will be greatly increased.

The old people have much enjoyed making various things for themselves and also for their "particular homes" for which they make specific articles. Some very nice work has been produced, particularly knitted and crocheted garments for themselves and lampshades and rugs for the homes, although for this latter a considerable amount of supervision is necessary and the days never seem long enough to permit all that could be done.

SECTION 29.—DOMESTIC HELP SERVICE.

The Scheme provided by the Borough of Slough and taken over by the County Council on the 5th July, 1948, has been continued under the guidance of a full-time organiser and extended to embrace Eton Urban District and that part of Eton Rural District immediately adjacent to Slough. In the remaining areas of the County the scheme administered by the W.V.S. on behalf of the County Council has been extended to include most of the larger towns and rural areas.

In some rural areas it has been found that the most practicable method is for the services of suitable persons to act as domestic help to be engaged for particular cases as they arise. In these areas it is not considered desirable to have persons standing by, owing to the length of time which usually elapses between cases.

At the end of the year there were three full-time and 293 part-time helps employed as compared with two full-time and 188 part-time at the end of 1949. The number of householders assisted during the year, in the various districts in the County, was as follows:—

	Maternity.	Tuber- culosis.	Chronic Sick.	Acute Sick.	Total.
Aylesbury Borough	27	3	32	16	78
Aylesbury Rural	13	3	27	3	46
Amersham Rural West	—	—	1	3	4
Beaconsfield	5	—	2	2	9
Bletchley	22	1	38	20	81
Chesham	36	8	78	51	173
Eton Rural	1	2	7	1	11
Gerrards Cross	35	1	51	31	118
High Wycombe Borough	73	3	72	43	191
Marlow	1	1	6	—	8
Newport Pagnell	5	3	4	4	16
Slough Borough	60	20	188	66	334
Stony Stratford	2	1	14	2	19
Wing	3	2	11	5	21
Winslow	6	—	9	4	19
Wolverton	16	2	61	23	102
Wycombe Rural	10	2	12	4	28
Total	315	52	613	278	1,258

SECTION 51.—MENTAL HEALTH SERVICE.

(i) Administration.

(a) Mental Health Sub-Committee.

The Mental Health Sub-Committee of the County Health Committee continues to meet six times per year and has not altered in constitution since last report.

(b) Staff.

The general medical direction of the service is in charge of the County Medical Officer, but since 1st August, 1950, one of the Assistant County Medical Officers has been given special responsibility for the Mental Health Section. In addition to this officer the services of fourteen Medical Officers, the majority with experience in mental health and deficiency matters, remain available for the purpose of performing any duties arising under the Lunacy and Mental Treatment Acts, 1890-1930, and the Mental Deficiency Acts, 1913-38.

The senior social worker with experience in Mental Deficiency retired through ill-health during the year, but no additional appointment has been made. There are therefore two social workers who are petitioning officers under the Mental Deficiency Acts, and who carry out duties in relation to the care and after-care of defectives and persons suffering from mental illness. The Psychiatric Social Worker of St. John's Hospital has been available for special cases.

The nine Duly Authorised Officers with district responsibility continue to provide a full service for duties under the Lunacy and Mental Treatment Acts, and two officers on the central office staff are authorised for this work and are available for cases of emergency. The Duly Authorised Officers also assist in the care and after-care of persons suffering from mental illness.

Cases of mental defect and mental illness which are suitable for Occupational Therapy are visited by the Council's full-time occupational therapists. There are three of these officers whose services are shared by other branches of the health services.

An Occupation Centre for trainable mental defectives functions at Slough for cases from the surrounding district. This Centre which is administered by the Bucks Voluntary Association for Mental Welfare has a full time staff of one superintendent and two assistants. For other parts of the county a home training scheme for defectives provides for the needs of children in out-lying areas and during the year one full-time and six part-time teachers were engaged.

(c) Co-ordination with Regional Hospital Boards and Hospital Management Committees.

Close liaison is maintained with the two Regional Hospital Boards and various Hospital Management Committees which cover the authority's area and the services of a psychiatrist and psychiatric social worker of the Board are available to the authority.

The authority's officers supervise and report upon patients on licence from various Mental Deficiency Institutions and are available for any other enquiries on behalf of the Committee concerned.

(d) Duties Delegated to Voluntary Associations.

The Bucks Voluntary Association for Mental Welfare assists the Authority in supervision of defectives and administers the Occupation Centre and home training scheme previously mentioned. Grants for this purpose are made to the Association and the secretarial work involved is undertaken by the Department's officers. The Guardianship Society, Brighton, undertakes the supervision of three defectives placed by the Society with suitable guardians and arranges for holidays for other patients under guardianship.

(e) Training of Officers.

The senior lay administrative officer of the Mental Health Section attended a course in Mental Health at Sheffield University and arrangements are being made for further advantage to be taken of the training facilities offered by the university.

(ii) Account of Work Undertaken in the Community.

(a) Prevention of Illness, Care and After-Care.

The authority's officers undertook duties under Section 28 of the National Health Service Act in respect of 18 cases which have been referred. This work has included assistance in settling housing, domestic and employment problems and the year under review shows a reduction in the numbers of ex-service cases dealt with.

(b) Lunacy and Mental Treatment Acts, 1890-1930.

During the period 1st January to 31st December, 1950, the duly authorised officers dealt with 249 cases who were admitted to hospital under the provisions of the Lunacy and Mental Treatment Acts, 1890-1930, as follows:—

Certified.	Temporary	Voluntary.
131	15	103
21		

Advice was also given in numerous cases for which hospital care was not eventually necessary.

(c) **Mental Deficiency Acts, 1913-1938.**

(i) **Ascertainment.** 68 cases of mental defect have been ascertained during the year, of which 45 were notified under the Education Act, 1944. An additional four cases were reported but were found not subject to be dealt with.

On 31st December, 1950, the reported number of defectives in the authority's area, including cases in hospital and on licence therefrom, was:—

In certified hospitals	...	...	...	...	461
On licence	...	...	...	...	76
Under guardianship	...	...	...	...	24
On licence from guardianship	...	...	...	...	1
Statutory Supervision	...	...	...	...	322
Friendly Supervision	...	...	...	...	223
					1,107

Included in the above figures are the following who have been approved for institutional care but were not admitted at 31st December, 1950:—

	Males.	Females.	Total.
(a) Under 16 years	41	14	55
(b) Over 16 years	14	17	31
			55 31 86

(ii) **Guardianship.** One new Guardianship order was made during the year at the order of the Court under Section 8(i) (b), Mental Deficiency Act, 1913.

(iii) **Supervision.** There are 322 cases under statutory supervision. The Buckinghamshire Voluntary Association for Mental Welfare assists the authority in the supervision of these cases and quarterly reports are received.

(iv) **Training.** The Occupation Centre at Slough continues to be held in premises owned by another Department of the Authority. Twenty-three children were on the register at the end of the year and transport is provided for all except those living in the immediate vicinity of the Centre. The services of the school medical officer and clinic are available and regular inspection of the children is carried out. With the co-operation of the Education Department, the services of the school meals organisation are used for the Centre.

The Home Tuition scheme organised by the Bucks Voluntary Association for Mental Welfare provides approximately two hours tuition a week for thirty cases who are able to benefit. No age limit is imposed for patients receiving this tuition.

Two cases referred for after-care have been visited by the Occupational Therapist of the Department and a total of 250 visits have been made to 21 mental defectives capable of benefiting by occupational therapy. Besides handwork, every effort is made to obtain suitable remunerative occupation where this proves possible.

SECTION C—NATIONAL ASSISTANCE ACT, 1948.

PROVISION OF RESIDENTIAL AND TEMPORARY ACCOMMODATION.

REPORT OF THE COUNTY ASSISTANCE OFFICER.

When the National Assistance Act came into operation, based on the estimated mid-1947 population of the County, the numbers of aged, infirm and handicapped persons for whom accommodation would be required was estimated at 700; at that time the total number of persons being accommodated was 356 and this number remains substantially the same.

During the year the Council have made improvements at one of their hostels named "The Green," Newport Pagnell.

Property known as "Redfield," Winslow, was appropriated for the purposes of the Act and work in connection with its adaptation is proceeding; when this property is ready for occupation it will accommodate 58 residents and provide temporary accommodation for the purposes of section 21(1)(b) of the Act for two small families.

The Council have agreed to limited Capital Expenditure in connection with the acquisition of suitable properties for adaptation as old persons' hostels, but it has been found extremely difficult and, in point of fact, impossible to acquire further suitable properties.

During the year it was found impossible to accommodate all the old people who sought residence in accommodation available to the Council and very considerable difficulty was experienced in an endeavour to provide for those old people whose physical incapacity was such that they could not be cared for suitably in old people's homes or in the Part III 'serviced' accommodation and no hospital beds were available for them.

Whilst the Council are prepared to liberally interpret the words "in need of care and attention" it is obviously impossible for them to cater for what are obviously cases needing nursing and/or medical attention. There are obvious difficulties in providing suitable attention where the old persons concerned are living alone, often in very poor and inadequate housing surroundings.

During the year the Council were faced with very considerable difficulty chiefly due to the fact that the Oxford Regional Hospital Board are interpreting the word "illness" in connection with the National Health Service Act, 1946, in a much narrower sense than the interpretation agreed between themselves and this Council when negotiations took place in 1948, in connection with the division of the beds in the former Public Assistance Institutions in the County.

If the present interpretation of the word had been agreed between the two authorities in 1948, there appears to be little doubt but that the Council would have been allocated many more beds than was actually the case.

During the year under review, considerable difficulties were experienced in dealing with persons evicted from their homes, and whilst it is considered to be clearly the duty of the Housing Authority to provide houses for those persons requiring homes, not being otherwise in need of care and attention, the County Council as the Welfare Authority have been considerably concerned where such people have of necessity been forced to remain "in the streets." Fortunately, there were only a very small number who were not able, at the last moment, to supply themselves with some sort of shelter.

Discussions took place between the Council and the Housing Authorities in these cases and are continuing.

The waiting list for admission to the Council's accommodation continues to grow slowly from about 60-80 in number. All admissions to the Council's accommodation are made in order of merit.

In accommodation provided by voluntary organisations at the 31st December, 1950, there were 48 handicapped persons in various homes provided by voluntary organisations; at the same date there were 12 persons accommodated on behalf of the Council by other Local Authorities and 10 were accommodated on behalf of other Local Authorities by the Council.

During the course of the year a few applications were received through the Ministry of Labour for accommodation to be provided for European voluntary workers, being practically all cases of married women about to have a child and who could not continue to live in the National Service Hostels. Even supposing it was the duty of the Council to provide accommodation for this class of case, no accommodation was available; in point of fact, most of the cases referred to were married women whose husbands were in full employment, the knowledge that they could not remain in the National Service Hostel was known to them at least two or three months before they were due to vacate the hostels, and it is considered that in these cases it was the husbands themselves who should have taken the necessary action to provide a home, either in lodgings or elsewhere, for their wives.

In my opinion, the practical effect of the new Social Legislation during 1950 has placed the old people, who for various reasons cannot maintain themselves in their own homes, in a much worse position than they were prior to July, 1948.

SECTIONS 29 and 30. WELFARE SERVICES

A. Welfare of the Blind.

Registration. The number of registered blind persons at 31st March, 1951, was 529 as compared with 526 a year ago. Of this number 291 were females and 238 were males. During the year 50 new cases were registered and removals from the register for various reasons, e.g., death, left county, etc., totalled 47.

Blind Population. The ages of the blind population in the County at 31st March, 1951, are shown in the following table which is in accordance with the revised age distribution now required by the Ministry of Health. The figures in brackets relate to the previous year and are quoted for reference.

0	1	2	3	4	5-10	11-15	16-20	21-30	31-39	40-49	50-59	60-64	65-69	70+	Age N.K.
1 (—)	— (3)	3 (1)	1 (1)	1 (—)	7 (4)	9 (7)	8 (3)	25 (23)	34 (33)	39 (39)	63 (65)	50 (54)	66 (59)	222 (234)	— —

Partially Sighted Register. The County Council's Scheme approved by the Minister of Health under Sections 29 and 30 of the National Assistance Act provides that a register shall be kept of partially sighted cases, i.e., persons who are substantially and permanently handicapped by congenitally defective vision or in whose case illness or injury has caused defective vision of a substantial and permanently handicapping character.

The number of partially sighted cases on the register at 31st March, 1951, was 34 (13 females, 21 males), the age classification being as follows:—

0	1	2	3	4	5-10	11-15	16-20	21-30	31-39	40-49	50-59	60-64	65-69	70+	Age N.K.
—	—	—	—	—	8 (7)	6 (6)	4 (3)	1 (—)	1 (1)	3 (1)	1 (—)	2 (1)	2 (1)	6 (1)	— (—)

Observation Register. There are 73 cases kept under observation with a view to maintaining contact in the event of subsequent certification as blind or partially sighted. During the year three of these cases were certified as blind.

Employment.

(i) **Homeworkers.** The report for the year 1949 set out in detail the revised scheme for classification of blind homeworkers into two classes, A and B. The scheme operated by the Royal London Society for Teaching and Training the Blind is functioning satisfactorily.

At the 31st March, 1951, there were 17 blind persons in Class A and four in Class B of the Register. The following table shows the numbers and the various occupations of the homeworkers in these classes:—

Class A.					Class B.				
Basket Workers	...	...	...	9	Basketry, etc.	...	...	...	1
Machine Knitters	...	...	...	3	Home Knitters	...	...	...	1
Masseurs	...	...	...	1	Machine Knitters	...	...	...	1
Music Teachers	...	...	...	1	Piano Tuners	...	...	...	1
Piano Tuners	...	...	...	3					

(ii) **Workshop Employees.** At the 31st March, 1951, there was one blind machine knitter from the County in the London workshops operated by the Royal London Society for Teaching and Training the Blind.

(iii) **Other Employment.** The arrangements for the rehabilitation, training and placing in employment of suitable blind persons have continued satisfactorily. In this connection there is always the closest co-operation with the appropriate officers of the Ministry of Labour and National Service and the Placement Officers of the National Institute for the Blind.

Where found practicable these arrangements are extended to include certain partially sighted persons.

At the 31st March, 1951, there were 70 blind persons usefully employed and 7 were in training. The following gives an indication of the various types of employment of blind persons:—

Basket Workers	3	Legal Profession	1
Upholsterers	2	Mat Makers	3
Boot Repairers	1	Newsvendors and Hawkers ...	1
Carpenters and Woodworkers ...	1	Physiotherapists	1
Clerks and Typists	5	Piano Tuners	2
Craft Instructors	2	Porters, packers and cleaners ...	2
Dealers and Shopkeepers	5	Poultry Keepers	3
Domestic Workers	1	School Teachers	2
Factory Operatives	18	Telephone Operators	8
Firewood, etc., Vendors	1	Other Employment	7
Gardeners	1		

Home Teaching Service. Three whole-time qualified home teachers are now operating in the County. The trainee scheme referred to in the report for 1949 has been put into operation and two trainees are now employed.

The following is a summary of work carried out through the home teaching service during the year ended 31st March, 1951:—

Total number of visits paid 4,179

Total number of lessons given:—

Braille	188
Moon	75
Rugmaking	9
Leatherwork	11
Typewriting	1
Knitting	1
Cane and Basket	31
String Bag Making	27
Chair Cane	5
Other Handicrafts	1
Handwriting	5

Social and Handicraft Centres. These centres continue to function satisfactorily and are much appreciated by the blind persons who attend. There have been no additional centres established during the year and the following are the particulars of centres operating:—

Place.	Type.	Centre Days.	Average Attendance.
Aylesbury.	Social/Handicrafts.	Alternate Thursdays	15
Chesham.	Social.	Alternate Mondays	40
Wolverton.	Social/Handicrafts.	Alternate Tuesdays	20
Wycombe.	Social.	Alternate Tuesdays	20
Slough.	Social.	Periodically	35

General Social Welfare. The respective divisional Committees of the Bucks Association have maintained their activities in connection with the general social welfare for blind persons in the County. Outings and social gatherings have been arranged and there has been a big demand for handicraft materials during the year. These materials are supplied at cost price, and where necessary games and other aids have been provided free or at reduced charges.

Home for the Blind. The available accommodation at the Katharine Knapp Home for the Blind at Tylers Green is still well utilised, particularly on the female side.

During the year the residents have continued to receive visits from several local societies who have provided various forms of entertainment. Arrangements are also made periodically for the residents to attend the meetings of the Social Club at Wycombe and join in the activities.

The average number of permanent residents during the year was	18
New cases admitted during the year	2
Holiday cases admitted during the year	24
No. of Resident Days	6,664

B. DEAF AND DUMB.

As indicated in the Report for 1949, the Oxford Diocesan Association for the Deaf and Dumb act as Agents for the County Council for developing welfare services for the deaf and dumb.

The following particulars of cases in this County at 31st December, 1950, have been supplied by the Diocesan Association:—

Under 5 years	...	...	...	Male	...	...	...	2	(1)
				Female	...	...	...	1	(—)
5-15 years	...	...	...	Male	...	...	...	25	(17)
				Female	...	...	...	14	(10)
Over 15 years	...	...	...	Male	...	...	...	83	(84)
				Female	...	...	...	80	(74)
								Total	...205 (186)

The figures in brackets relate to the previous year and are quoted for reference.

Number fully employed	...	...	...	Male	...	...	...	63
				Female	...	...	...	24
Number unemployed	...	...	...	Male	...	...	...	1
				Female	...	...	...	—
Number in partial or assisted employment	...	...	...	Male	...	...	...	1
				Female	...	...	...	5

SECTION D. SANITARY CIRCUMSTANCES OF THE AREA.

1. Water Supply.

The Bucks Water Board was formed in 1937, and has five constituent authorities—Bucks County Council, and the Rural District Councils of Aylesbury, Buckingham, Wing and Winslow. The Board's area of supply covers these four Rural Districts, the Borough of Aylesbury, the Urban District of Tring and small parts of the Rural Districts of Aylesbury, Berkhamsted and Wycombe. The Engineer of the Bucks Water Board has kindly supplied the following information:—

“On 1st October, 1950, the Board took over the works of the former Rural Districts Water Company, whose area of supply covered the parishes of—

Great and Little Kimble.
Princes Risborough.
Ellesborough.
Longwick-cum-Ilmer.
Great and Little Hampden.
Lacey Green.
Bledlow-cum-Saunderton (part).

This area is about 35 sq. miles in extent and has an estimated population of 9,820. The Board's total statutory area now totals 413 sq. miles, and has an estimated population of 88,000.

The Board's main sources of supply are situated at Wendover, New Ground, Hawridge and Battlesden. The Wendover source lies midway between Wendover and Great Missenden, and is a chalk source. No treatment beyond simple aeration and routine chlorination is required. New Ground lies between Tring and Berkhamsted, and Hawridge just north of Chesham. The Hawridge source has been entirely developed during the last four years, and is now in regular use. Battlesden, which lies in Bedfordshire, supplies water derived from boreholes in the lower greensand; here aeration, sedimentation and rapid gravity filtration is the order of treatment.

During the year 1950, the Board has become responsible for the several sources of supply in the old Rural Districts Water Company's area; these include the important chalk source at Hampden Bottom.

Throughout 1950, slow but steady progress has been made on the Board's River Great Ouse Works, which in addition to augmenting their existing resources, will afford supplies to neighbouring local authorities.

The total quantity of water supplied by the Board during the year ended 31st March, 1950, was 1,600,000,000 gallons, an average of 4,380,000 g.p.d. Of this total 1,337,500,000 gallons were supplied within the Board's area, and were made up as follows:—

Metered Consumption.								Gallons.	Gallons.
(a) Agricultural	...	...	...	...	...	...	...	204,500,000	
(b) Trade	...	...	...	...	...	...	...	235,000,000	
(c) Camps and Service Departments	...	...	...	...	...	...	...	168,000,000	
									607,500,000
Unmetered Consumption									730,000,000
Total									1,337,500,000

During the year regular samples of water have been taken both from consumers' taps and from various sources. The results of these samples indicate that the water supplied by the Board conforms to the high standard of that required from any Public Supply Authority.”

RURAL WATER SUPPLIES AND SEWERAGE ACT, 1944.

Schemes of Water Supply approved by the County Council under Section 2 (2) of the Act to 31st December, 1950.

LOCAL AUTHORITY.	PARISHES.
Amersham R.D.C.	Ashley Green Chalfont St. Giles Chartridge Cholesbury Coleshill Latimer Missenden Penn
Aspley Guise Joint Committee ...	Woburn Sands
Buckingham R.D.C.	East Claydon Middle Claydon
Eton R.D.C.	Dorney (Boveney and Lake End) Burnham (Littleworth Common) Taplow Wraysbury (Nursery Lane)
Newport Pagnell R.D.C.	Olney Olney Park Warrington Haversham

The local authorities in the County are served by the Water Undertakers shown below:—

LOCAL AUTHORITY.	WATER UNDERTAKERS.
BOROUGHES.	
Aylesbury	The Bucks Water Board.
Buckingham	Buckingham Borough Council.
Slough	Slough Borough Council. The Burnham Water Company. The Slough Estates, Ltd.
Wycombe	Wycombe Borough Council. Burnham Ward. Slough Trading Estate.
URBAN DISTRICTS.	
Beaconsfield	The 'Amersham, Beaconsfield and District Water Company. The Marlow Water Company.
Bletchley	Bletchley Urban District Council.
Chesham	Chesham Urban District Council. Rickmansworth and Uxbridge Valley Water Company. Great Berkhamsted Waterworks Company. Amersham and Beaconsfield Water Company.
Eton	Borough of New Windsor.
Linslade	Linslade Urban District Council.
Marlow	The Marlow Water Company.
Newport Pagnell	Newport Pagnell Urban District Council.
Wolverton	Wolverton Urban District Council.
RURAL DISTRICTS.	
Amersham	The Bucks Water Board. The Rickmansworth and Uxbridge Valley Water Company. The Great Berkhamsted Water Company. The Amersham, Beaconsfield and District Water Company.
Aylesbury	The Bucks Water Board.
Buckingham	The Bucks Water Board.
Eton	The Amersham Beaconsfield and District Water Company. Slough Borough Council. The Rickmansworth and Uxbridge Valley Water Company. The Burnham, Dorney and Hitcham Water Company. The South-Western Suburban Water Company.
Newport Pagnell	Newport Pagnell Rural District Council. The Birchmoor Joint Water Committee. Newport Pagnell Urban District Council. Stoke Goldington Water Company. The Hesketh Estate. The Tyringham Estate.
Wing	The Bucks Water Board. The Bucks Water Board. Wing Rural District Council. The Mentmore Estate.
Winslow	The Bucks Water Board.
Wycombe	Wycombe Rural District Council. Wycombe Borough Council. The Amersham, Beaconsfield and District Water Company. The Rickmansworth and Uxbridge Valley Water Company. The Bucks Water Board. The Marlow Water Company.
	Lathbury. Stoke Goldington. Gayhurst. Tyringham. Little Brickhill. Wing Village. Mentmore Village.

(ii) **Sewerage and Drainage.** The Rural Water Supplies and Sewerage Act, 1944, enables the Ministry of Health and the County Council to make financial contributions towards schemes of water supply, sewerage and sewage disposal in rural localities. The Act requires Local Authorities to consult the County Council before submitting schemes to the Minister and to report to the Minister the observations, if any, of the County Council. This arrangement enables the County Council to express their views on the scope of schemes in their area and to encourage and assist local authorities in considering and determining the scope of comprehensive schemes when circumstances indicate that such schemes are preferable to a more local solution.

The Rural District Councils have made a good response to the facilities provided by the Act—and have in many cases employed consulting engineers for the preparation of suitable schemes. The following list shows the schemes submitted to the County Council since the Act came into operation and which have received conditional approval for the purposes of Section 2(2) of the Rural Water Supplies and Sewerage Act, 1944.

RURAL WATER SUPPLIES AND SEWERAGE ACT, 1944.

List of Schemes submitted under the Act to 31st December, 1950.

List of Schemes submitted under the Act to 31st December, 1950.				
(1) Local Authority.	(2) Parish.	(3) Population provided for.	(4) Total for each Authority.	
Aspley Guise Joint Committee ..	Wavendon	600	2,200	
	Woburn Sands	1,600		
Aylesbury R.D.C.	Dinton	485	7,507	
	Hardwick and Weedon	682		
	Kingswood & Grendon Underwood	400		
	Long Crendon	1,400		
	Ludgershall	300		
	Oakley	450		
	Oving	345		
	Quainton	1,200		
	Stoke Mandeville	815		
	Stone	630		
Buckingham R.D.C.	Worminghall and Ickford	800	4,250	
	Adstock	300		
	Akeley	350		
	Charndon	700		
	Marsh Gibbon	600		
	Padbury	500		
	Thornborough	550		
	Tingewick	800		
	Twyford	450		
	Eton R.D.C.	Farnham Royal		14,240
Hedgerley				
Stoke Poges				
Stoke Common				
Wexham				
Fulmer		8,000		
Denham				
Taplow			3,620	
Dorney				
Datchet				
Newport Pagnell R.D.C.	Wraysbury	9,000	3,859	
	Horton			
	Bow Brickhill	450		
	Bradwell	500		
Wing R.D.C.	Castlethorpe	500	3,064	
	Emberton	500		
	Hanslope	1,259		
	Lavendon	650		
	Cheddington and Marsworth	856		
	Dagnall	375		
Winslow R.D.C.	Ivinghoe Aston	195	6,850	
	Littleworth and Burcott	352		
	Pitstone	436		
	Slapton	175		
	Soulbury	675		
	Drayton Parslow	450		
	Granborough	500		
	Great and Little Horwood	1,000		
Wycombe R.D.C.	North Marston	500	16,000	
	Stewkley	1,300		
	Swanbourne and Mursley	1,100		
	Winslow	2,000		
Wooburn Valley Scheme	16,000	78,590	78,590	
	16,000			
Total		78,590	78,590	

Work on ten of the above schemes was commenced or continued during the year and the following table shows the position at 31st December, 1950:—

Schemes of Sewerage and Sewage Disposal. Progress Report to 31st December, 1950.

(1) Local Authority.	(2) Scheme.	(3) Total Est. Cost.	(4) Percentage of Scheme completed.
Aylesbury R.D.C.	Stone	£15,400	100%
	Stoke Mandeville	£36,500	60%
Buckingham R.D.C.	Tingewick	£20,900	95%
Wing R.D.C.	Pitstone	£24,150	100%
	Ivinghoe Aston	£9,650	90%
Winslow R.D.C.	Drayton Parslow	£15,800	80%
	North Marston	£20,000	25%
	Stewkley	£35,000	90%
	Winslow	£22,200	25%
Birchmoor Joint Committee	Woburn Sands	£9,400 (First instalment)	100%

(iii) **Housing.** The Progress Report showing the position of the Bucks Rural Housing Survey as at 31st December, 1950, in each of the rural districts in the County is set out below.

HOUSING SURVEY.

Progress Report to 31st December, 1950.

	Amersham	Aylesbury	B'ham	Eton	N. Pagnel	Wing	Winslow	Wycombe	TOTAL.
Estimated total number of houses to be surveyed ...	3,313	4,400	2,181	5,768	4,555	2,525	1,450	7,749	31,941
Houses inspected and classified in accordance with the Hobhouse Report:—									
CATE- GORY.									
CLASSIFICA- TION.									
1. Satisfactory in all respects	377	423	76	2,938	1,863	1,159	317	2,836	9,989
2. Minor defects only ...	624	246	229	1,724	677	857	208	2,772	7,337
3. Requiring structural alteration or repair ...	856	1,700	288	638	260	202	287	1,071	5,302
4. Suitable for reconditioning	292	624	111	348	88	102	31	134	1,730
5. Unfit for habitation and requiring demolition ...	328	587	226	120	86	205	35	936	2,523
NUMBER OF HOUSES remaining to be surveyed	836	820	1,251	—	1,581	—	572	—	5,060
TOTALS	3,313	4,400	2,181	5,768	4,555	2,525	1,450	7,749	31,941

With reference to new housing, the Ministry of Health commenced publication of Housing Progress Reports in January, 1946, and the following table shows the progress made by the local authorities in Bucks up to 31st December, 1950.

New Housing—Summary of Progress up to 31st December, 1950.

Local Authority.	Temporary Houses. Completed.	Permanent Houses.		War-Destroyed Houses Rebuilt.
		Under Construction.	Completed.	
BOROUGHGS.				
Aylesbury	147	177	840	—
Buckingham	15	15	108	—
High Wycombe	50	129	1,221	—
Slough	400	80	1,020	16
URBAN DISTRICTS.				
Beaconsfield	—	20	266	—
Bletchley	—	133	637	—
Chesham	35	45	299	—
Eton	12	25	128	—
Linslade	—	31	137	—
Marlow	—	19	196	1
Newport Pagnell	—	15	74	—
Wolverton	90	48	146	—
RURAL DISTRICTS.				
Amersham	90	319	850	12
Aylesbury	—	166	535	—
Buckingham	49	64	193	—
Eton	—	129	813	20
Newport Pagnell	—	66	296	—
Wing	—	53	302	1
Winslow	—	48	196	—
Wycombe	80	233	984	—
Totals	968	1,815	9,241	50

SECTION E. INSPECTION AND SUPERVISION OF FOOD.

The Chief Inspector submits the following Report for 1950:—

(i) Food and Drugs.

During the year 1,573 samples of food and drugs were taken.

Of these, 461 were samples submitted to the Public Analyst (38 were adversely reported upon). The remaining 1,112 were milk samples tested by the Inspectors in the Department's Laboratory. Of the 461 samples sent to the Public Analyst, 24 consisted of milk, 11 suspected of adulteration and 13 consequential "follow-up" samples, i.e., taken on "appeal to cow" or in course of delivery.

In addition to the above, 454 informal samples of milk were taken on delivery to schools in accordance with the arrangements for the supervision of milk under the "Milk in Schools Scheme." Three of these were slightly deficient in fat, due to bad "bulking" on the part of the vendors and warnings were given.

Samples of milk were taken at the various institutions in the County, and on behalf of Hospital Management Committees, Educational Establishments, Residential Nurseries, School Canteens and Children's Homes.

The proportion of samples reported against by the Public Analyst rose from 7.38 per cent. in 1949 to 8.24 per cent. in the present year.

There was 1 prosecution for the adulteration of milk with water, 1 for deficiency of fat in milk, 1 for supplying a misleading label with "Chocolate Wafers" and 1 for selling "Cream Sandwiches" not of the nature, substance and quality demanded.

In all there were 4 cases before the Courts during the year and total fines and costs amounting to £48 14s. 0d. were imposed.

(ii) Food and Drugs Acts and Milk and Dairies Regulations.

1,327 samples of milk, involving 17,037 cows, were taken from farms for biological examination to detect the presence of tubercle infection; 1,005 of these samples were also tested biologically for *Brucella abortus* or *Brucella melitensis*. 124 were infected (31 with tubercle bacilli and 93 with brucella). The appropriate District Medical Officers were informed of these infections immediately they were discovered so that the human consumption of the infected milk, in its raw state, could be prevented.

A further 194 samples were procured from raw milk delivered to schools in connection with the supervision of the Milk in Schools Scheme. Three of these were found tuberculous, and four were brucella infected. In addition, 275 samples of "Pasteurised" milk delivered to schools were checked. Sixteen were found to be not entirely satisfactory in varying degrees mainly due to slightly under heat-treatment or careless handling on the part of the distributor. The causes were promptly rectified. In all, 52 tuberculous cows were reported to the department as slaughtered under the provisions of the Tuberculosis Order, by direction of the Ministry of Agriculture and Fisheries; 28 of these arose from the Chief Inspector's investigation into the cause of tubercle infected milk and reported by him to the Ministry. The milk of 82 other cows suffering from other diseases affecting the milk was prohibited from sale by the Chief Inspector.

205 check samples of "Pasteurised" milk were procured from the 10 pasteurising plants licensed by the County Council where approximately 10,000 gallons of milk are pasteurised daily. Of these, only 12 samples were found to be unsatisfactory, due mainly to temporary faults which were promptly corrected.

SECTION F. PREVALENCE OF, AND CONTROL OVER, INFECTIOUS DISEASE.

(i) General.

There was an increase in the number of cases of poliomyelitis notified during the year from 51 in 1949 to 66.

These were distributed throughout the County, 30 from Urban and 36 from Rural Districts.

Table (8) gives details of notifications of all infectious diseases for the County.

SECTION G. GENERAL.

1. Nurseries and Child Minders Regulation Act, 1948.

This Act, which came into force in 1948, provides for the registration and inspection of places, such as private day nurseries, in which children are cared for by the day, and the registration in certain cases of persons known as daily minders, who look after other people's young children in their own homes.

The number registered at the end of 1950 was as follows:—

	Number Registered.	Number of Children provided for.
Premises	3	50
Daily Minders	3	26

2. Public Health Act, 1936.

Registration of Nursing Homes.

One Nursing Home was registered for the first time during the year, and two closed voluntarily, leaving a total of 26 on the register at the end of 1950.

These 26 Nursing Homes provided for 82 maternity beds and 187 others, making a total of 269.

SECTION H.—TABLES, ETC.

(a) LIST OF SANITARY AUTHORITIES.

DISTRICT.	MEDICAL OFFICER OF HEALTH.
URBAN DISTRICTS.	
Aylesbury, Borough of	J. T. C. SIMS-ROBERTS, M.B., ch.B., D.P.H., Barrister-at-Law.
Beaconsfield	T. P. EVANS, M.R.C.S., L.R.C.P., D.P.H.
Bletchley ..	D. H. WALDRON, M.D., B.Ch., B.A.O., D.P.H.
Buckingham, Borough of ...	D. H. WALDRON, M.D., B.Ch., B.A.O., D.P.H.
Chesham	T. P. EVANS, M.R.C.S., L.R.C.P., D.P.H.
Eton	W. L. BELL, M.R.C.S., L.R.C.P., D.P.H.
Linslade	D. H. WALDRON, M.D., B.Ch., B.A.O., D.P.H.
Marlow	F. H. M. DUMMER, M.B., ch.B., D.P.H.
Newport Pagnell	C. H. F. BAILEY, M.R.C.S., L.R.C.P.
Slough, Borough of	M. A. CHARRETT, M.R.C.S., L.R.C.P., D.P.H.
Stratford and Wolverton ...	D. W. A. BULL, M.D., M.R.C.S., L.R.C.P.
Wycombe, Borough of	A. J. MUIR, M.B., ch.B., B.Hy., D.P.H.
RURAL DISTRICTS.	
Amersham	T. P. EVANS, M.R.C.S., L.R.C.P., D.P.H.
Aylesbury	J. T. C. SIMS-ROBERTS, M.B., ch.B., D.P.H., Barrister-at-Law.
Buckingham	D. H. WALDRON, M.D., B.Ch., B.A.O., D.P.H.
Eton	W. L. BELL, M.R.C.S., L.R.C.P., D.P.H.
Newport Pagnell	C. H. F. BAILEY, M.R.C.S., L.R.C.P.
Wing	W. H. SQUARE, L.R.C.P., L.R.C.S.
Winslow	J. T. C. SIMS-ROBERTS, M.B., ch.B., D.P.H., Barrister-at-Law.
Wycombe	F. H. M. DUMMER, M.B., ch.B., D.P.H.

(b) REGISTERED NURSING HOMES.

DISTRICT.	NAME AND ADDRESS.	DESCRIPTION.
ADSTOCK	Rose Villa, Adstock	Aged, Infirm.
AYLESBURY	The Gables, 123, Wendover Road Aylesbury	Maternity, Medical, Aged, Infirm.
AYLESBURY	Tovell, 8, Spenser Road, Aylesbury	Maternity.
AYLESBURY	Rosser, 27, Tindal Road, Aylesbury	Minor Surgical, Medical, Aged, Infirm.
BEACONSFIELD	Kinellan Nursing Home, Penn Road, Beaconsfield	Maternity, Medical, Minor Surgical, Aged, Infirm.
BEACONSFIELD	St. Joseph's, Candlemas Lane, Beaconsfield	Acute and Minor Surgical, Medical, Aged, Infirm.
BEACONSFIELD	Bryn Glyn, Penn Road, Beaconsfield	Medical, Minor Surgical, Aged, Infirm.
BEACONSFIELD	Rosslyn, Ledborough Lane, Beacons- field	Maternity, Acute and Minor Surgical, Medical, Convalescent, Aged, Infirm
BLETCHLEY	Red House Bungalow, High Street, Bletchley	Maternity.
*BOURNE END	Fieldhead, Bourne End	Aged, Infirm.
BOURNE END	Green Trees, Hawks Hill, Bourne End	Maternity, Medical, Convalescent, Aged, Infirm.
BURNHAM	Hitcham Place, Burnham	Voluntary and temporary patients under the Mental Treatment Act, 1930.
FARNHAM COMMON	Withyfield, Green Lane, Farnham Common.	Maternity, Medical, Convalescent, Aged, Infirm.
GERRARDS CROSS	Lyncroft, Packhorse Road, Gerrards Cross	Maternity, Medical, Minor Surgical, Aged, Infirm.
GERRARDS CROSS	Chalfonts Nursing Home, Packhorse Road, Gerrards Cross	Maternity, Acute and Minor Surgical, Medical, Aged, Infirm.
GERRARDS CROSS	White House (Annexe to Chalfonts), North Park, Gerrards Cross	Maternity, Medical, Convalescent, Aged, Infirm.
GERRARDS CROSS	Dawn House, South Park, Gerrards Cross	Medical, Convalescent, Aged, Infirm.
HIGH WYCOMBE	9, North Drive, Totteridge	Aged, Infirm.
LANGLEY	The Moat House, Langley	Mental, Nerve.
OLNEY	90, High Street, Olney	Maternity.
OLNEY	Gresham House, Weston Road	Aged, Infirm.
SLOUGH	Parkside Nursing Home, Upton Court Road, Slough	Maternity, Acute and Minor Surgical, Aged, Infirm.
SLOUGH	Heathfield Nursing Home, 10, Uxbridge Road, Slough	Aged, Infirm.
STOKE POGES	Fulmer Grange, Stoke Poges	Medical, Minor Surgical, Aged, Infirm.
TAPLOW	Old Court, Bath Road, Taplow	Maternity, Acute and Minor Surgical, Medical, Convalescent, Aged, Infirm.
TINGEWICK	Tingewick Nursing Home, Tingewick	Maternity, Medical, Convalescent, Aged, Infirm.

*Reserved for Chronic Sick from W.V.S. Residential Clubs for elderly people.

(c) CHILD WELFARE CENTRES.

NAME OF CENTRE.	SITUATE.	DOCTOR ATTENDS
AMERSHAM (NEW TOWN)	Red Cross Hut, Chiltern Avenue, Woodside Road	Twice monthly
AMERSHAM (OLD TOWN)	British Legion Hall, Whielden Street	Do.
ASTON CLINTON	Baptist Church Hall	Monthly
AYLESBURY	The Clinic, Pebble Lane	Thrice monthly
AYLESBURY—QUARRENDON	Quarrendon Community Centre, Bicester Road	Monthly
" SOUTH COURT	Baptist Church Hall, Penn Road, Southcourt	Twice monthly
BEACONSFIELD	The Old Rectory	Twice monthly
BLEDLOW RIDGE	Village Hall, Bledlow Ridge	Monthly
BLETCHLEY	School Clinic, Bletchley Road	Thrice monthly
BOURNE END	Red Cross Hut, New Road	Monthly
BRADWELL	Labour Hall, New Bradwell	Twice monthly
BRILL	The Institute	Monthly
BUCKINGHAM	Congregational School Room	Do.
BURNHAM	Village Hall, Gore Road	Twice monthly
CALVERT	Clubroom, Brickworks	Monthly
CASTLETHORPE	Carrington Hall	Do.
CHALFONT ST. GILES	Memorial Hall	Monthly
CHALFONT ST. PETER	Tythe Barn, Swan Farm	Twice monthly
CHARTRIDGE	Reading Room	See Lee Common
CHENIES	Florence Brown Memorial Hall, Chorley Wood	Monthly
CHESHAM	The School Clinic, Germain Street	Weekly
CIPPENHAM	Central Hall, Bowyers Way	Do.
CUDDINGTON	Bernard Hall	Monthly
DATCHET	Working Men's Club	Twice monthly
DENHAM	Village Hall	Do.
DINTON	Village Hall	Monthly
DOWNLEY	Village Hall	Do.
EDLESBOROUGH	Memorial Hall	Do.
ELLESBOROUGH	Butler's Cross, Parish Hall	Do.
ETON	College Arms, High Street	Do.
ETON WICK	Village Hall	Do.
FARNHAM ROYAL	Village Hall	Weekly
FLACKWELL HEATH	Temperance Hall	Monthly
FRIETH	Village Institute	Do.
GERRARDS CROSS	British Legion Hall	Do.
GREAT HAMPDEN	Parish Room	Do.
GREAT HORWOOD	Memorial Hall	Do.
GREAT KINGSHILL	Village Hall	Do.
GREAT MISSENDEN	War Memorial Hall	Twice monthly
HADDENHAM	Community Centre	Monthly
HAZLEMERE	Penn Road Methodist School Room	Twice monthly
HEDGERLEY	Memorial Hall	Monthly
HIGH WYCOMBE	Municipal Health Centre	Twice weekly
" BOOKER	St. Birinus Church Hall	Twice monthly
" SANDS	Methodist School Room	Twice monthly
" TOTTERIDGE	Turner's Sports Pavilion	Monthly
" WEST WYCOMBE	Methodist Schoolroom	Do.
" WYCOMBE MARSH	St. Anne's Church Room	Thrice monthly
HOLMER GREEN	Wesleyan Chapel School Room	Monthly
HORTON	Champneys Hall	Do.
HUGHENDEN VALLEY	Village Hall	Do.
IVER	Church Institute, Thorney Lane	Do.
IVER HEATH	Village Hall	Do.
IVINGHOE	Town Hall	Twice monthly
KIMBLE	Stewart Hall	Monthly
LANE END	Memorial Hall	Do.
LANGLEY	Women's Institute Hall	Do.
LAVENDON	Clubroom, George Inn	Do.
LEE COMMON	Youth Club Hall	Do.
LINSLADE	Forster Institute	Do.
LITTLE CHALFONT	Recreation Room, White Lion Road	Do.
LONG CRENDON	Old Court House	Do.
LOUDWATER	Recreation Hall	Twice monthly
MARLOW	Public Library, Chapel Street	Weekly
NAPHILL	Memorial Hall	Monthly
NEW DENHAM	St. Francis Hall	Do.
NEWPORT PAGNELL	73, High Street	Twice monthly
OLNEY	Church Hall, High Street	Do.
PRESTWOOD	Village Hall	Monthly
PRINCES RISBOROUGH	Baptist Church Room, Bell Street	Twice monthly
QUINTON	Memorial Hall	Monthly
RICHINGS PARK, IVER	St. Leonard's Church Hall	Do.
ST. LEONARDS-CUM-CHOLESBURY	Village Hall, Cholesbury	Do.
SEER GREEN AND JORDANS	Baptist School Room, Seer Green	Do.

CHILD WELFARE CENTRES—continued.

NAME OF CENTRE.	SITUATE.	DOCTOR ATTENDS
SLOUGH	Health Centre, Burlington Road	Weekly
SLOUGH, ST. MICHAEL'S	Slough Social Centre	Do.
SLOUGH, WEXHAM ROAD	Wexham Road Community Centre	Do.
STEEPLE CLAYDON	Library Hall	Monthly
STEWKLEY	Methodist Church School Room	Do.
STOKENCHURCH	Memorial Hall	Twice monthly
STOKE POGES	Village Hall	Monthly
STONE	Village Hall	Do.
STONY STRATFORD	Scout Hut	Twice monthly
THORNBOROUGH	Church Hall	Monthly
TINGEWICK	Old School Room	Do.
TWYFORD	Village Hall	Do.
TYLERS GREEN	Parish Room	Do.
WADDESDON	Village Hall	Do.
WENDOVER	Public Hall	Twice monthly
WHITCHURCH	Methodist Hall	Monthly
WINCHMORE HILL	Memorial Hall	Do.
WING	Village Hall	Do.
WINGRAVE	Temperance Hall	Do.
WINSLOW	St. Lawrence Church Hall	Do.
WOBBURN SANDS	Ellen Pettit Memorial Hall	Do.
WOLVERTON	Scouts Hall	Thrice monthly
WOBBURN GREEN	Drill Hall, Wooburn	Monthly
WORMINGHALL	Social Hut, Ex-R.A.F. Camp	Do.
WRAYSbury	Scout Hut	Do.

MOBILE WELFARE CENTRE.

NAME OF CENTRE.	WAITING ROOM.	DOCTOR ATTENDS
GREAT BRICKHILL	Village Hall	Monthly
HANSLOPE	Hut, Cock Hotel, High Street	Do.
MILTON KEYNES	The Swan Inn	Do.
LECKHAMSTEAD	Village Hall	Do.
NORTH CRAWLEY	Village Hall	Do.
SHENLEY	Reading Room	Do.
STOKE GOLDINGTON	The School	Do.
SWANBOURNE	Old School	Do.

(d) POPULATIONS, BIRTH AND MORTALITY RATES FOR THE YEARS 1949 and 1950.

District.	Registrar-Gen. Estimated Population.	Birth Rate per 1,000.		Death Rate per 1,000.		Phthisis Death Rate per 1,000.		Infant Mortality Rate per 1,000 births.		Neo-natal Mortality Rate per 1,000 births.		Maternal Mortality per 1,000 live and still-births.	
		1949	1950	1949	1950	1949	1950	1949	1950	1949	1950	1949	1950
URBAN.													
Aylesbury	20,900	18.5	17.4	10.2	9.2	0.20	0.19	22.0	30.2	Not available	24.7	—	—
Beaconsfield	7,656	15.5	16.1	8.8	11.1	0.26	—	—	40.7		32.5	—	—
Bletchley	10,800	17.0	17.0	9.3	7.7	0.11	0.19	12.4	5.4		5.4	—	—
Buckingham	4,180	16.4	12.7	11.9	11.0	0.95	0.96	14.5	18.9		18.9	—	—
Chesham	11,420	15.8	14.4	11.7	11.6	0.35	0.09	11.2	30.5		24.4	—	—
Eton	4,540	8.3	14.3	8.1	9.9	—	—	—	30.8	15.4	—	—	
Linslade	3,372	14.9	15.1	11.9	12.8	—	0.30	—	19.6	19.6	—	—	
Marlow	6,444	20.6	18.9	11.9	12.3	0.16	—	15.2	16.4	8.2	—	—	
Newport Pagnell	4,460	14.3	12.8	15.2	10.8	—	0.45	15.9	—	—	—	—	
Slough	66,340	17.7	15.4	8.0	8.7	0.33	0.20	25.5	28.4	19.6	—	1.91	
Wolverton	13,480	15.0	13.9	14.5	17.0	0.15	0.37	9.9	48.1	32.1	—	—	
Wycombe	41,010	17.5	15.1	9.9	9.7	0.34	0.17	25.3	24.3	17.8	—	1.58	
TOTAL URBAN		17.0	15.5	9.9	10.1	0.28	0.20	20.2	26.9	19.6	—	—	0.98
RURAL.													
Amersham	41,980	15.6	14.1	10.8	9.9	0.31	0.09	31.0	13.5	Not available	11.8	—	—
Aylesbury	29,100	18.8	16.5	11.6	10.2	0.35	0.14	20.9	20.8		18.7	—	—
Buckingham	9,290	20.0	16.5	13.9	9.1	0.12	0.22	11.0	32.7		26.1	—	—
Eton	41,400	16.6	15.7	10.2	10.0	0.19	0.14	33.6	21.6		12.3	1.45	—
Newport Pagnell	13,720	16.9	14.9	15.4	12.5	0.15	0.22	17.5	34.1		19.5	—	—
Wing	8,463	17.6	17.1	10.8	11.1	—	0.24	20.4	34.5	27.6	—	—	
Winslow	7,672	14.2	12.8	13.8	14.2	0.27	—	—	10.2	10.2	—	—	
Wycombe	39,860	16.6	15.7	9.3	10.5	0.34	0.10	23.8	27.2	12.8	—	—	
TOTAL RURAL		16.8	15.4	11.1	10.5	0.26	0.12	24.9	22.7	15.2	0.32	—	—
TOTAL COUNTY		16.9	15.5	10.5	10.3	0.27	0.16	22.5	24.8	15.7	17.4	0.15	0.49
England and Wales ...		16.7	15.8	11.7	11.6	0.45	0.36	32.0	29.8	—	—	0.98	0.86

(c) COMPARATIVE TABLE OF BIRTH, DEATH AND INFANT MORTALITY RATES FOR TEN YEAR PERIOD, 1941-1950.

YEAR.	BIRTH RATE per 1,000 population.				DEATH RATE per 1,000 population.				INFANT MORTALITY RATE per 1,000 births.			
	Urban.	Rural.	County.	England and Wales.	Urban.	Rural.	County.	England and Wales.	Urban.	Rural.	County.	England and Wales.
1941.....	12.5	11.5	12.0	14.2	9.6	10.9	10.3	12.9	38.9	42.9	40.9	59.0
1942.....	16.1	14.7	15.4	15.8	9.1	10.9	10.5	11.6	34.8	32.8	33.8	49.0
1943.....	16.8	15.7	16.3	16.5	9.8	11.1	10.5	12.1	37.1	35.2	36.2	49.0
1944.....	18.8	17.7	18.3	17.6	10.1	11.7	10.9	11.6	36.5	35.0	35.8	46.0
1945.....	16.9	16.1	16.5	16.1	10.4	11.6	11.0	11.4	32.1	33.7	32.9	46.0
1946.....	19.5	17.7	18.6	19.1	9.8	11.2	10.5	11.5	26.8	34.0	30.1	43.0
1947.....	20.7	19.4	20.1	20.5	10.8	11.9	11.3	12.0	30.7	30.8	30.8	41.0
1948.....	17.9	17.2	17.5	17.9	9.2	10.1	9.6	10.8	27.3	26.2	26.8	34.0
1949.....	17.0	16.8	16.9	16.7	9.9	11.1	10.5	11.7	20.2	24.9	22.5	32.0
1950	15.5	15.4	15.5	15.8	10.1	10.5	10.3	11.6	26.9	22.7	24.8	29.8

**(f) CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE
COUNTY OF BUCKINGHAM, 1950.**

CAUSES OF DEATH.	Sex	Aggregate of Urban Districts.									Aggregate of Rural Districts.								
		0-1	1-	5-	15-	25-	45-	65-	75-	TOTAL	0-1	1-	5-	15-	25-	45-	65-	75-	TOTAL
ALL CAUSES	M	51	10	5	12	63	261	275	350	1027	44	9	12	28	53	189	257	407	999
	F	30	7	4	12	29	181	239	429	931	23	5	6	1	38	166	238	531	1008
1—Tuberculosis, Respiratory ...	M	—	—	—	—	6	15	7	2	30	—	—	—	2	7	6	3	—	18
	F	—	—	—	—	2	7	—	—	9	—	—	—	—	4	—	1	—	5
2—Tuberculosis, Other	M	1	1	—	—	1	—	2	—	5	—	—	1	—	—	—	—	—	1
	F	—	2	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—
3—Syphilitic Disease	M	—	—	—	—	—	4	1	1	6	—	—	—	—	—	—	1	1	2
	F	—	—	—	—	—	1	1	2	4	—	—	—	—	—	—	1	1	2
4—Diphtheria	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5—Whooping Cough	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1
6—Meningococcal infections ...	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7—Acute Poliomyelitis	M	—	—	—	1	—	—	—	—	1	—	1	1	2	—	—	—	—	4
	F	—	—	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—
8—Measles	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9—Other infective and parasitic diseases	M	—	—	—	—	—	1	—	—	1	2	1	—	—	1	2	—	—	6
	F	—	—	—	—	—	1	—	—	1	—	—	—	—	1	—	—	1	2
10—Malignant neoplasm, stomach	M	—	—	—	—	1	5	5	7	18	—	—	—	—	3	6	7	8	24
	F	—	—	—	—	2	7	9	7	25	—	—	—	—	2	2	9	13	26
„ „ lung, bronchus	M	—	—	—	—	1	30	12	3	46	—	—	—	—	1	19	11	1	32
	F	—	—	—	—	1	5	1	1	8	—	—	—	—	—	6	2	2	10
„ „ breast	M	—	—	—	—	2	23	13	8	46	—	—	—	—	4	9	11	4	28
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
„ „ uterus	M	—	—	—	—	—	—	3	2	5	—	—	—	—	2	10	4	8	24
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
14—Other Malignant and Lym- phatic Neoplasms	M	—	1	1	1	6	36	31	38	114	—	1	2	1	3	26	40	44	117
	F	—	—	—	2	28	21	30	30	81	—	—	1	—	7	38	26	39	111
15—Leukæmia, Aleukæmia ...	M	—	2	—	1	—	2	1	—	6	—	1	—	—	—	—	1	3	6
	F	—	—	1	—	—	1	3	—	5	—	1	—	—	1	2	1	—	5
16—Diabetes	M	—	—	—	—	1	1	1	1	3	—	—	—	—	—	2	6	1	9
	F	—	—	—	—	—	3	5	3	12	—	—	—	—	1	—	5	3	9
17—Vascular lesions of nervous system	M	—	—	—	—	2	22	47	47	118	—	—	—	—	2	12	37	50	101
	F	—	—	—	1	2	27	44	75	149	—	—	—	—	3	25	38	87	153
18—Coronary disease, Angina ...	M	—	—	—	—	3	48	49	39	139	—	—	—	—	1	38	49	53	141
	F	—	—	—	—	—	10	34	41	85	—	—	—	—	1	14	20	47	82
19—Hypertension with Heart disease	M	—	—	—	—	4	15	10	29	—	—	—	—	—	1	7	4	15	27
	F	—	—	—	1	5	13	12	31	—	—	—	—	—	2	10	17	29	29
20—Other heart disease	M	—	—	—	1	7	15	38	93	154	—	—	1	—	—	19	27	98	145
	F	—	—	—	1	1	19	39	130	190	—	—	—	—	4	20	51	132	207
21—Other circulatory disease ...	M	—	—	—	—	1	5	9	14	29	—	—	—	—	1	12	26	40	40
	F	—	—	—	—	1	9	12	23	45	—	—	—	1	1	3	13	31	49
22—Influenza	M	—	—	—	—	4	1	2	7	—	—	—	—	1	1	3	—	1	6
	F	—	1	—	—	2	—	2	5	—	1	—	—	—	—	1	—	5	7
23—Pneumonia	M	6	1	—	—	2	3	4	17	33	4	1	1	—	—	3	6	28	43
	F	2	—	—	1	2	3	7	14	29	2	2	—	—	—	4	12	26	46
24—Bronchitis	M	—	—	—	—	13	22	22	57	1	—	—	—	—	1	7	15	18	42
	F	—	—	—	—	1	6	22	29	1	—	—	—	—	1	7	30	39	39
25—Other diseases of respiratory system	M	1	—	—	1	4	7	1	2	16	—	1	—	—	1	4	3	1	10
	F	—	1	1	—	1	—	2	3	8	—	—	—	—	1	3	1	2	7
26—Ulcer of Stomach and Duo- denum	M	—	—	—	—	—	10	8	2	20	—	—	—	—	—	2	1	4	7
	F	—	—	—	—	—	2	2	—	4	—	—	—	—	—	—	—	—	—
27—Gastritis, Enteritis, Diarrhœa	M	—	—	—	—	1	1	1	1	3	3	—	—	—	—	—	2	3	8
	F	—	—	—	1	—	2	1	5	—	—	—	1	—	1	—	—	2	4
28—Nephritis and Nephrosis ...	M	—	1	1	—	2	5	1	3	13	—	—	—	—	2	—	4	5	11
	F	—	—	—	—	1	2	2	2	7	—	—	—	—	1	—	3	2	6
29—Hyperplasia of prostate ...	M	—	—	—	—	—	1	5	13	19	—	—	—	—	—	2	7	17	26
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
30—Pregnancy, Childbirth, Abor- tion	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	3	—	—	—	3	—	—	—	—	—	—	—	—	—
31—Congenital Malformations ...	M	6	—	1	—	—	1	—	—	8	4	—	1	1	—	—	—	—	6
	F	5	—	—	—	—	—	—	—	7	2	1	—	—	—	2	—	—	5
32—Other defined and ill-defined diseases	M	35	4	1	1	14	20	13	28	116	29	—	2	2	6	17	15	31	102
	F	23	2	—	3	5	15	17	36	101	17	—	2	—	2	16	17	59	113
33—Motor vehicle accidents ...	M	—	—	—	4	5	1	—	—	10	—	1	—	10	10	5	2	—	28
	F	—	1	1	—	—	2	2	1	7	—	—	—	—	—	1	—	—	1
34—All other accidents	M	1	—	—	2	3	3	—	2	12	1	2	3	7	6	4	3	1	27
	F	—	—	—	2	1	1	1	12	17	—	1	1	—	1	1	4	15	23
35—Suicide	M	—	—	—	—	4	3	1	2	10	—	—	—	—	6	3	—	—	9
	F	—	—	—	1	1	6	—	1	9	—	—	—	—	1	4	1	1	7
36—Homicide and operations of war	M	1	—	—	—	1	1	—	—	3	—	—	—	—	1	—	—	—	1
	F	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—

(g) SUMMARY OF NOTIFICATIONS OF INFECTIOUS DISEASES RECEIVED DURING THE YEAR 1950.

DISTRICT.	TUBER- CULOSIS.		Ophthalmia Neonatorum.	Puerperal Pyrexia.	Cerebro Spinal Fever.	Polio- myelitis.	Encephalitis Lethargica.	Pneumonia,	Malaria.	Dysentery.	Smallpox.	Enteric Fever.	Diphtheria.	Scarlet Fever.	Whooping Cough.	Measles.	Erysipelas.	Food poisoning.	REMARKS.
	Pulmonary.	Other.																	
URBAN.																			
1. Aylesbury	14	4	11	5				2				2		13	74	31	3	3	Encephalitis 2.
2. Beaconsfield	2	1				3				1				3	32	96			
3. Bletchley	14	2				2		19		1				42	29	14	1	1	Infective Hepatitis 3.
4. Buckingham	3					1								2	1				
5. Chesham	6	3				1								23	9	11	3	1	
6. Eton	3	1								1			2	1	17	105			
7. Linslade	2							12					1	1	22	4		3	
8. Marlow	5	2				1										1			
9. Newport Pagnell	2		1	1						1				4		3	1		
10. Slough	75	22		5		18	1	31	1	3				53	98	76	14		Encephalitis 1
11. Wolverton	13	1						10						23	17	40	3		
12. Wycombe	44	9	1	1		4		4						78	19	12	7		Cerebro Spinal Meningitis 1.
Total Urban ...	183	45	13	12		30	1	78	1	7		2	3	243	318	392	32	8	
RURAL.																			
1. Amersham	27	7			1	10		7		1		3		94	64	198	4	7	Meningitis 3. Encephalitis 1.
2. Aylesbury	24	6	5	6		7		3	1	9		4		32	26	29	2	2	
3. Buckingham	5	4						1						14	2	2			
4. Eton	25	3			1	11		9		17				39	58	152	2	4	Meningococcal Meningitis 1. Encephalitis 1.
5. Newport Pagnell	6	1				1		2				2		22	39	52	2		
6. Wing	3	1				2		12				5		10	2	14		4	
7. Winslow	5							6						15	3	8			
8. Wycombe	24	7		2		5		2		1			1	43	46	60	9		Influenzal Meningitis 1.
Total Rural	119	29	5	8	2	36		42	1	28	—	12	3	269	240	515	19	17	
Total for County ...	302	74	18	20	2	66	1	120	2	35	—	14	6	512	558	907	51	25	

(b) MATERNITY AND CHILD WELFARE DENTAL WORK, 1950.

	Number Examined.	Number Requiring Treatment.	Number Treated.	Number made Dentally Fit.	Extractions.	Anaesthetics.		Fillings.	Scalings or Gum Treatment.	Silver Nitrate.	X-Rays.	Dentures.		
						Local.	General.					Complete.	Part.	Repairs.
Expectant and Nursing Mothers	65	65	65	48	85	70	8	56	18	—	1	3	1	—
Children under 5 years	79	79	79	75	95	54	9		—	67	—	—	—	—

(i) AMBULANCE SERVICE.

Statistics for year ending 31st March, 1951.

	Directly Provided Service. Ambulance.	Agency Service.			Hospital Car Service. Sitting-Case Cars.
		Ambulance.	Sitting-Case Cars.	Total.	
No. of patients carried	690	32,664	10,426	43,090	28,723
No. of Journeys	443	21,874	9,796	31,670	21,517
Total Mileage	11,700	463,100	156,830	619,930	600,251
No. of vehicles	1	31	9	40	—
No. of whole time operational staff ...	1	—	—	47	—
No. of patients carried per 1,000 population	2.5	109			—
No. of journeys per 1,000 population ...	1.6	80			—

